| Fill in this information to identify your case: |                               |                                 |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                               |                                 |
| EASTERN DISTRICT OF MICHIGAN                    |                               |                                 |
| Case number (if known)                          | Chapter you are filing under: |                                 |
|   | Chapter 7                     |                                 |
|   | ☐ Chapter 11                  |                                 |
|   | ☐ Chapter 12                  |                                 |
|   | ☐ Chapter 13                  | Check if this an amended filing |

## Official Form 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself  |   |   |
|-----|---|---|---|
|     |   | About Debtor 1:                                   | About Debtor 2 (Spouse Only in a Joint Case): |
| 1.  | Your full name  |   |   |
|     | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). | Tammy First name Jayne                            | First name                                    |
|     | nochoc or passporty.  | Middle name                                       | Middle name                                   |
|     | Bring your picture identification to your meeting with the trustee.   | Goulding Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III)      |
| 2.  | All other names you have used in the last 8 years   |   |   |
|     | Include your married or maiden names.   |   |   |
| 3.  | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)         | xxx-xx-6055                                       |   |

| Debtor 1 | Tammy Jayne Goulding | Case number (if known) |
|----------|----------------------|------------------------|
|----------|----------------------|------------------------|

|  |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |  |  |  |
|--|---|---|--|--|--|--|
| 4. Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years |   | ■ I have not used any business name or EINs.  | ☐ I have not used any business name or EINs.   |  |  |  |
|  | Include trade names and doing business as names | Business name(s)  | Business name(s)   |  |  |  |
|  |   | EINs  | EINs   |  |  |  |
| 5.   | Where you live                                  |   | If Debtor 2 lives at a different address:  |  |  |  |
|  |   | 275 West Gloucester Drive<br>Saginaw, MI 48609  |  |  |  |  |
|  |   | Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code   |  |  |  |
|  |   | Saginaw   |  |  |  |  |
|  |   | County  | County   |  |  |  |
|  |   | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |  |  |  |
|  |   | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |  |  |  |
| 6.   | Why you are choosing this district to file for  | Check one:  | Check one:   |  |  |  |
|  | bankruptcy                                      | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |  |  |  |
|  |   | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)   |  |  |  |
|  |   |   |  |  |  |  |

| 7.  | The chapter of the Bankruptcy Code you are  | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. |                      |  |   |  |  |
|---|---|---|----------------------|--|---|--|--|
|   | choosing to file under  |   | Chapter 7            |  |   |  |  |
|   |   |   | Chapter 11           |  |   |  |  |
|   |   |   | Chapter 12           |  |   |  |  |
|   |   |   | Chapter 13           |  |   |  |  |
| 3.  | How you will pay the fee  |   | about how y          | ou may pay. Ту <mark>ր</mark><br>r attorney is sub | pically, if you are paying the fee yo                                 | k with the clerk's office in your local court for more det<br>urself, you may pay with cash, cashier's check, or mo<br>alf, your attorney may pay with a credit card or check      |  |
|   |   |   | I need to pa         | y the fee in ins                                   | stallments. If you choose this option to (Official Form 103A).        | on, sign and attach the Application for Individuals to Pa  |  |
|   |   |   | I request the        | at my fee be wa                                    | aived (You may request this option your fee, and may do so only if yo | n only if you are filing for Chapter 7. By law, a judge m<br>ur income is less than 150% of the official poverty line<br>n installments). If you choose this option, you must fill |  |
|   |   |   |                      |  |   | ial Form 103B) and file it with your petition.   |  |
| 9. Have you filed for No. bankruptcy within the |   |   |                      |  |   |  |  |
|   | last 8 years?   | □ Y   |                      |  | Mhan  | Casa number  |  |
|   |   |   | District<br>District |  | When<br>When  | Case number Case number  |  |
|   |   |   | District             |  | When  | Case number Case number  |  |
|   |   |   | District             |  |   | Gade Halliber  |  |
| 0.  | Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ■ N   | -                    |  |   |  |  |
|   |   |   | Debtor               |  |   | Relationship to you  |  |
|   |   |   | District             |  | When  | Case number, if known  |  |
|   |   |   | Debtor               |  |   | Relationship to you  |  |
|   |   |   | District             |  | When  | Case number, if known  |  |
| 1.  | Do you rent your residence?   | ПΝ  | o. Go to             | line 12.   |   |  |  |
|   | residence:  | Y   | es. Has y            | our landlord obt                                   | ained an eviction judgment agains                                     | t you?   |  |
|   |   |   |                      | No. Go to line                                     | 12.   |  |  |
|   |   |   |                      | Yes. Fill out Inbankruptcy pe                      |   | Judgment Against You (Form 101A) and file it with this   |  |

Case number (if known)

Debtor 1 Tammy Jayne Goulding

| Jeb  | otor 1 Tammy Jayne Go   | ulding     |   |                                     | Case number (if known)  |  |  |
|--|---|------------|---|-------------------------------------|---|--|--|
|  |   |            |   |                                     |   |  |  |
| ar   | Report About Any Bu   | ısinesses  | You Own   | as a Sole Proprie                   | tor   |  |  |
| 12.  | Are you a sole proprietor of any full- or part-time business?   | ■ No.      | Go to   | Part 4.                             |   |  |  |
|  |   | ☐ Yes.     | Name and location of business   |                                     |   |  |  |
|  | A sole proprietorship is a  |            |   |                                     |   |  |  |
|  | business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |            |   | of business, if any                 |   |  |  |
|  | If you have more than one sole proprietorship, use a separate sheet and attach  |            | Numb  | er, Street, City, Sta               | te & ZIP Code   |  |  |
|  | it to this petition.  |            | Check   |                                     | ox to describe your business:   |  |  |
|  |   |            |   |                                     | ness (as defined in 11 U.S.C. § 101(27A))   |  |  |
|  |   |            |   | Single Asset Real                   | Estate (as defined in 11 U.S.C. § 101(51B))   |  |  |
|  |   |            |   | Stockbroker (as d                   | efined in 11 U.S.C. § 101(53A))   |  |  |
|  |   |            |   | Commodity Broke                     | er (as defined in 11 U.S.C. § 101(6))   |  |  |
|  |   |            |   | None of the above                   | e   |  |  |
| If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can s deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow in 11 U.S.C. 1116(1)(B). |   |            | a small business debtor, you must attach your most recent balance sheet, statement of |                                     |   |  |  |
|  | For a definition of small   | ■ No.      | I am r  | ot filing under Chap                | oter 11.  |  |  |
|  | business debtor, see 11 U.S.C. § 101(51D).  | □ No.      | I am fi<br>Code.  | -                                   | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy  |  |  |
|  |   | ☐ Yes.     | I am f  | ling under Chapter                  | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. |  |  |
| •ar  | t 4: Report if You Own or   | · Have Any | / Hazardo   | us Property or An                   | y Property That Needs Immediate Attention   |  |  |
| 14.  | Do you own or have any  | ■ No.      |   |                                     |   |  |  |
|  | property that poses or is<br>alleged to pose a threat<br>of imminent and<br>identifiable hazard to                                | ☐ Yes.     | What is   | the hazard?                         |   |  |  |
|  | public health or safety?<br>Or do you own any<br>property that needs<br>immediate attention?                                      |            |   | iate attention is why is it needed? |   |  |  |
|  | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?                 |            | Where is  | the property?                       |   |  |  |
|  |   |            |   |                                     | Number, Street, City, State & Zip Code  |  |  |
|  |   |            |   |                                     |   |  |  |
|  |   |            |   |                                     |   |  |  |
|  |   |            |   |                                     |   |  |  |

Explain Your Efforts to Receive a Briefing About Credit Counseling

#### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Deb | tor 1 Tammy Jayne Go   | ulding             |  | Case numb  | er (if known)   |
|-----|--|--------------------|--|--|---|
| Par | 6: Answer These Quest  | ons for Re         | eporting Purposes                                  |  |   |
| 16. | What kind of debts do you have?                                | 16a.               |  | onsumer debts? Consumer debts are defonal, family, or household purpose."                | fined in 11 U.S.C. § 101(8) as "incurred by an  |
|     |  |                    | ☐ No. Go to line 16b.                              |  |   |
|     |  |                    | Yes. Go to line 17.                                |  |   |
|     |  | 16b.               | Are your debts primarily bu                        | usiness debts? Business debts are debts  |   |
|     |  |                    | ☐ No. Go to line 16c.                              | estment or through the operation of the bus  | siness of investment.   |
|     |  |                    | Yes. Go to line 17.                                |  |   |
|     |  | 16c.               |  | we that are not consumer debts or busine   | see dahte   |
|     |  | 100.               | otate the type of debts you o                      | we that are not consumer debts of busine   |   |
| 17. | Are you filing under Chapter 7?                                | □ No.              | I am not filing under Chapter                      | 7. Go to line 18.  |   |
|     | Do you estimate that after any exempt property is excluded and | ■ Yes.             |  | Do you estimate that after any exempt pro ailable to distribute to unsecured creditors   | perty is excluded and administrative expenses ?   |
|     | administrative expenses  |                    | ■ No   |  |   |
|     | are paid that funds will be available for                      |                    | ☐ Yes  |  |   |
|     | distribution to unsecured creditors?                           |                    |  |  |   |
| 18. | How many Creditors do  | <b>■</b> 1-49      |  | ☐ 1,000-5,000  | ☐ 25,001-50,000   |
|     | you estimate that you owe?                                     | □ 50-99            |  | <b>5001-10,000</b>   | <b>5</b> 0,001-100,000  |
|     |  | 100-19             |  | ☐ 10,001-25,000  | ☐ More than100,000  |
|     |  | 200-99             | <del>9</del> 9                                     |  |   |
| 19. | How much do you  | <b>\$0 - \$</b>    | 50,000   | ☐ \$1,000,001 - \$10 million   | ☐ \$500,000,001 - \$1 billion   |
|     | estimate your assets to be worth?                              |                    | 01 - \$100,000                                     | □ \$10,000,001 - \$50 million  | □ \$1,000,000,001 - \$10 billion  |
|     |  |                    | 001 - \$500,000<br>001 - \$1 million               | □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million                           | ☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion                               |
|     |  | <b>—</b> \$500,0   | JOT - \$1 ITIIIIOH                                 | · · · · · · · · · · · · · · · · · · ·  |   |
| 20. | How much do you estimate your liabilities                      | <b>□</b> \$0 - \$9 | 50,000   | ☐ \$1,000,001 - \$10 million   | □ \$500,000,001 - \$1 billion   |
|     | to be?   |                    | 01 - \$100,000                                     | □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million                             | ☐ \$1,000,000,001 - \$10 billion<br>☐ \$10,000,000,001 - \$50 billion                   |
|     |  |                    | 001 - \$500,000<br>001 - \$1 million               | □ \$100,000,001 - \$100 million  | ☐ More than \$50 billion  |
|     |  | <b>ω</b> ψουσ,     | 901 - \$1 Hillion                                  | . , , , .  | ·   |
| Par | 7: Sign Below  |                    |  |  |   |
| For | you  | I have ex          | amined this petition, and I dec                    | clare under penalty of perjury that the infor  | mation provided is true and correct.  |
|     |  |                    |  | , I am aware that I may proceed, if eligible elief available under each chapter, and I c | e, under Chapter 7, 11,12, or 13 of title 11, hoose to proceed under Chapter 7.         |
|     |  |                    |  | not pay or agree to pay someone who is n<br>e notice required by 11 U.S.C. § 342(b).     | ot an attorney to help me fill out this   |
|     |  | I request          | relief in accordance with the c                    | chapter of title 11, United States Code, spe   | ecified in this petition.   |
|     |  |                    | cy case can result in fines up t                   | concealing property, or obtaining money to \$250,000, or imprisonment for up to 20       | or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, 1519, |
|     |  | Tammy              | my Jayne Goulding<br>Jayne Goulding<br>of Debtor 1 | Signature of Debt  | or 2  |
|     |  | Executed           | on <b>March 26, 2019</b>                           | Executed on  |   |
|     |  | LACCUIGU           | MM / DD / YYYY                                     |  | M / DD / YYYY   |
|     |  |                    |  |  |   |

| Debtor 1 Tammy Jayne Goulding |                      | Case number (if known)                                   |  |     |
|-------------------------------|----------------------|--|--|-----|
|                               |                      |  |  |     |
| •                             | attorney, if you are | I, the attorney for the debtor(s) named in this petition |  | · , |

If you are not represented by an attorney, you do not need to file this page.

under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Joshua M. Reinert                  | Date          | March 26, 2019    |  |
|--|---------------|-------------------|--|
| Signature of Attorney for Debtor       |               | MM / DD / YYYY    |  |
| Joshua M. Reinert P66185               |               |                   |  |
| Printed name                           |               |                   |  |
| Reinert & Reinert                      |               |                   |  |
| Firm name                              |               |                   |  |
| 3434 Davenport Avenue                  |               |                   |  |
| Saginaw, MI 48602                      |               |                   |  |
| Number, Street, City, State & ZIP Code |               |                   |  |
| Contact phone (989) 799-8860           | Email address | ecf@mcreinert.com |  |
| P66185 MI                              |               |                   |  |
| Bar number & State                     |               |                   |  |

Certificate Number: 15317-MIE-CC-032426567



# **CERTIFICATE OF COUNSELING**

I CERTIFY that on March 11, 2019, at 6:10 o'clock PM PDT, Tammy J Goulding received from Access Counseling, Inc., an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the Eastern District of Michigan, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan <u>was not prepared</u>. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: March 11, 2019

By: /s/Janice Morla

Name: Janice Morla

Title: Counselor

<sup>\*</sup> Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. §§ 109(h) and 521(b).

| Filli   | in this inform  | ation to identify your                          | case:  |  |              |                             |
|---------|-----------------|---|--|--|--------------|-----------------------------|
| Deb     |                 | Tammy Jayne Go                                  |  |  |              |                             |
| Deh     | tor 2           | First Name                                      | Middle Name  | Last Name  |              |                             |
|         | use if, filing) | First Name                                      | Middle Name  | Last Name  |              |                             |
| Unit    | ed States Ban   | kruptcy Court for the:                          | EASTERN DISTRICT O                                       | F MICHIGAN   |              |                             |
|         | e number        |   |  |  | <b>-</b> 0   |                             |
| (if kno | own)            |   |  |  |              | if this is an<br>led filing |
|         |                 |   |  | ·  |              |                             |
| Off     | icial For       | m 106Sum  |  |  |              |                             |
|         |                 |   |  | nd Certain Statistical Information   |              | 2/15                        |
| infor   | mation. Fill o  | ut all of your schedul                          | es first; then complete th                               | are filing together, both are equally responsible for<br>the information on this form. If you are filing amend |              |                             |
| your    | original form   | ns, you must fill out a                         | new <i>Summary</i> and checl                             | the box at the top of this page.   |              |                             |
| Part    | 1: Summa        | rize Your Assets                                |  |  |              |                             |
|         |                 |   |  |  | Your as      | ssets<br>f what you own     |
| 1.      | Schedule A/     | <b>B: Property</b> (Official Fo                 | orm 106A/B)  |  |              | ,                           |
|         |                 |   |  |  | \$           | 0.00                        |
|         | 1b. Copy line   | e 62, Total personal pro                        | perty, from Schedule A/B                                 |  | \$           | 3,480.16                    |
|         | 1c. Copy line   | 63, Total of all propert                        | y on Schedule A/B  |  | \$           | 3,480.16                    |
| Part    | 2: Summa        | rize Your Liabilities                           |  |  |              |                             |
|         |                 |   |  |  | Your lia     | abilities<br>you owe        |
| 2.      |                 |   | laims Secured by Property<br>mn A, Amount of claim, at   | (Official Form 106D) the bottom of the last page of Part 1 of Schedule D                                       | \$           | 1,000.00                    |
| 3.      |                 |   | Unsecured Claims (Officia<br>1 (priority unsecured claim | I Form 106E/F) is) from line 6e of <i>Schedule E/F</i>   | \$           | 0.00                        |
|         | 3b. Copy the    | e total claims from Part                        | 2 (nonpriority unsecured c                               | laims) from line 6j of Schedule E/F  | \$           | 56,165.26                   |
|         |                 |   |  |  |              |                             |
|         |                 |   |  | Your total liabilities   | \$           | 57,165.26                   |
| Part    | 3: Summa        | rize Your Income and                            | Expenses   |  |              |                             |
| 4.      |                 | Your Income (Official Fo                        |  | 1  | \$           | 2,872.34                    |
| 5.      |                 | Your Expenses (Official onthly expenses from li |  |  | \$           | 2,848.00                    |
| Part    | 4: Answer       | These Questions for                             | Administrative and Stati                                 | stical Records   |              |                             |
| 6.      | -               | • • •   | er Chapters 7, 11, or 13?<br>on this part of the form. C | heck this box and submit this form to the court with yo  | ur other sch | edules.                     |
| 7.      | Yes What kind o | f debt do you have?                             |  |  |              |                             |
|         | ■ Your de       | ebts are primarily con                          | sumer debts. Consumer o                                  | debts are those "incurred by an individual primarily for   | a personal,  | family, or                  |

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$\_\_\_\_\_4,003.12

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Bort A on Onto dada E/E according to Handra   | Total claim |      |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following:   |             |      |
| 9a. Domestic support obligations (Copy line 6a.)   | \$          | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$          | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$          | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$          | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$          | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$         | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$          | 0.00 |

| F:11-1         | 41.:                  |                         |                  | and the contract               |   |  |                     |   |
|----------------|-----------------------|-------------------------|------------------|--------------------------------|---|--|---------------------|---|
| Fill in        | this info             | ormation to identify    |                  |                                |   |  |                     |   |
| Debto          | r 1                   | Tammy Jayı First Name   |                  | Middle Name                    | Last Name   |  |                     |   |
| Debto          | r 2                   |                         |                  |                                |   |  |                     |   |
| (Spouse        | e, if filing)         | First Name              |                  | Middle Name                    | Last Name   |  |                     |   |
| United         | d States              | Bankruptcy Court for    | the: EAST        | ERN DISTRICT O                 | F MICHIGAN  |  |                     |   |
| Case           | number                |                         |                  |                                |   |  |                     | Check if this is an                                     |
|                |                       |                         |                  |                                |   |  |                     | amended filing  |
|                |                       |                         |                  |                                |   |  |                     |   |
| Offic          | cial F                | orm 106A/E              | 3                |                                |   |  |                     |   |
| Sch            | nedu                  | ile A/B: Pi             | -<br>roperty     | /                              |   |  |                     | 12/15   |
|                |                       |                         |                  |                                | once. If an asset fits in more than o   | one category, list the ass                 | et in the           |   |
| informa        |                       | ore space is needed,    |                  |                                | ed people are filing together, both a<br>rm. On the top of any additional pag |  |                     |   |
| Part 1:        | Descri                | be Each Residence, B    | uilding, Land,   | or Other Real Estat            | e You Own or Have an Interest In  |  |                     |   |
| 1 Dov          | ou own <i>i</i>       | or have any legal or eq | uitable interes  | st in any residence            | building, land, or similar property?  |  |                     |   |
| ´              |                       | , ,                     | fundadio intoroc | in any rootaonios,             | bullating, latter, or offitting property.                                     |  |                     |   |
| _              | lo. Go to I           |                         |                  |                                |   |  |                     |   |
| ЦΥ             | es. Wher              | e is the property?      |                  |                                |   |  |                     |   |
| Part 2:        | Descri                | be Your Vehicles        |                  |                                |   |  |                     |   |
| someo          | ne else o             |                         | vehicle, also    | report it on Sched             | Phicles, whether they are registed fulle G: Executory Contracts and L         |  | ny vehic            | les you own that  |
|                |                       |                         |                  |                                |   |  |                     |   |
| ■ Y            | 'es                   |                         |                  |                                |   |  |                     |   |
| 3.1            | Make:                 | Chevrolet               |                  | Who has an into                | erest in the property? Check one  | Do not deduct secur                        | ed claims           | or exemptions. Put                                      |
| 3.1            | Model:                | Impala                  |                  | Debtor 1 only                  |   | the amount of any se<br>Creditors Who Have |                     |   |
|                | Year:                 | 2003                    |                  | Debtor 2 only                  |   | Current value of the                       |                     | urrent value of the                                     |
|                | • • •                 | nate mileage:           | 250,000          | Debtor 1 and                   | Debtor 2 only   | entire property?                           |                     | ortion you own?   |
| Г              | Other inf             | ormation:               |                  | At least one o                 | f the debtors and another   |  |                     |   |
|                |                       |                         |                  | Check if this (see instruction | is community property<br>s)   | \$1,250.0                                  | 00                  | \$1,250.00  |
|                | <i>mples:</i> B<br>lo |                         |                  |                                | nal vehicles, other vehicles, and ssels, snowmobiles, motorcycle a            |  |                     |   |
|                | ges you               |                         | Part 2. Write t  | that number here               | entries from Part 2, including an   |  |                     | \$1,250.00  |
|                |                       |                         |                  |                                | ne following items?   |  | <b>port</b><br>Do r | rent value of the<br>ion you own?<br>not deduct secured |
| 6. <b>Ho</b> u | usehold               | goods and furnishi      | ings             |                                |   |  | clain               | ns or exemptions.                                       |
|                |                       | Major appliances, fui   |                  | china, kitchenwa               | re  |  |                     |   |

□ No

Official Form 106A/B Schedule A/B: Property page 1

| Debto   | or 1        | Tammy Jayı   | ne Goulding   |                                    | Case number (if known)   | _                              |
|---------|-------------|--|---|------------------------------------|--------------------------|--------------------------------|
|         | Yes.        | Describe   |   |                                    |                          |                                |
|         |             |  | Household furniture, furnishi   | ngs and appliances.                |                          | \$500.00                       |
|         | ample<br>No | es: Televisions a  | and radios; audio, video, stereo, and c<br>I phones, cameras, media players, ga |                                    | nters, scanners; music c | ollections; electronic devices |
|         |             |  | Television and laptop   |                                    |                          | \$100.00                       |
| Ex      | ample<br>No |  | d figurines; paintings, prints, or other a ions, memorabilia, collectibles      | urtwork; books, pictures, or other | art objects; stamp, coin | or baseball card collections;  |
| Ex<br>■ | ample<br>No | ent for sports a<br>es: Sports, photo<br>musical instr<br>Describe | ographic, exercise, and other hobby e   | quipment; bicycles, pool tables,   | golf clubs, skis; canoes | and kayaks; carpentry tools;   |
| =       | xamp<br>No  |  | es, shotguns, ammunition, and related   | equipment                          |                          |                                |
|         | xamp<br>No  |  | lothes, furs, leather coats, designer w   | ear, shoes, accessories            |                          |                                |
|         |             |  | Personal clothing   |                                    |                          | \$200.00                       |
|         | xamp<br>No  |  | ewelry, costume jewelry, engagement  Costume jewelry                            | rings, wedding rings, heirloom je  | welry, watches, gems, ç  | gold, silver                   |
| E       | xamp<br>No  | rm animals<br>bles: Dogs, cats,<br>Describe                        | birds, horses   |                                    |                          |                                |
|         | No          | ner personal an  | nd household items you did not alre   | eady list, including any health    | aids you did not list    |                                |
|         |             |  | of all of your entries from Part 3, in number here                              |                                    | you have attached        | \$815.00                       |

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured

Official Form 106A/B Schedule A/B: Property page 2

| De  | ebtor 1                   | Tammy Jay                             | yne Goul                   | ding                              |                        |   | Case number (if known)        |                          |
|-----|---------------------------|---------------------------------------|----------------------------|-----------------------------------|------------------------|---|-------------------------------|--------------------------|
|     |                           |                                       |                            |                                   |                        |   |                               | claims or exemptions.    |
| 16. | ■ No                      | ,,                                    |                            | our wallet, in yo                 |                        | safe deposit box, and on hand   | d when you file your petition |                          |
| 17. | Examp                     |                                       |                            |                                   |                        | rtificates of deposit; shares in o<br>same institution, list each.                              | credit unions, brokerage hou  | ses, and other similar   |
|     | □ No<br>■ Yes             |                                       |                            |                                   | In                     | stitution name:   |                               |                          |
|     |                           |                                       | 17.1.                      | Savings                           | _L:                    | ake Huron Credit Union  |                               | \$5.00                   |
|     |                           |                                       | 17.2.                      | Checking                          | <u>L</u> a             | ake Huron Credit Union  |                               | \$23.06                  |
| 18. |                           |                                       |                            | cly traded stoclent accounts with |                        | irms, money market accounts   |                               |                          |
|     | ☐ Yes                     |                                       |                            | Institution or iss                | suer name:             |   |                               |                          |
| 19. | joint v                   |                                       | stock and                  | interests in inc                  | corporated a           | nd unincorporated business  | es, including an interest in  | an LLC, partnership, and |
|     | ■ No                      | Civa appoific i                       | nformation                 | abaut tham                        |                        |   |                               |                          |
|     | <b>□</b> 165.             | Give specific i                       |                            | about them<br>ne of entity:       |                        |   | % of ownership:               |                          |
|     | Negotia<br>Non-ne<br>■ No | able instrumen<br>egotiable instru    | ts include p<br>iments are | personal checks<br>those you cann | s, cashiers' ch        | nd non-negotiable instrumer<br>lecks, promissory notes, and m<br>someone by signing or deliveri | noney orders.                 |                          |
|     | ☐ Yes. (                  | Give specific ir                      |                            | about them<br>uer name:           |                        |   |                               |                          |
|     |                           | nent or pension<br>bles: Interests in |                            |                                   | (k), 403(b), th        | rift savings accounts, or other   | pension or profit-sharing pla | ns                       |
|     |                           | List each acco                        | •                          | ely.<br>of account:               | In                     | stitution name:   |                               |                          |
| 22. | Your sl<br>Examp          |                                       | sed deposit                | s you have mad                    |                        | ı may continue service or use f<br>ilities (electric, gas, water), tele                         |                               | s, or others             |
|     | ■ No<br>□ Yes.            |                                       |                            |                                   | In                     | stitution name or individual:   |                               |                          |
| 23. | Annuiti                   | ies (A contract                       | for a perio                | dic payment of i                  | money to you,          | , either for life or for a number   | of years)                     |                          |
|     | ■ No<br>□ Yes             |                                       | lssuer nam                 | e and description                 | on.                    |   |                               |                          |
|     | Interest                  |                                       |                            |                                   | n a qualified <i>i</i> | ABLE program, or under a q  | ualified state tuition progra | am.                      |
|     | ■ No<br>□ Yes             |                                       | Institution r              | name and descr                    | ription. Separa        | ately file the records of any inte  | erests.11 U.S.C. § 521(c):    |                          |
| 25. | _ `                       | equitable or f                        | uture inte                 | rests in proper                   | rty (other thai        | n anything listed in line 1), a   | nd rights or powers exerci    | sable for your benefit   |
|     | ■ No<br>□ Yes.            | Give specific i                       | nformation                 | about them                        |                        |   |                               |                          |

Official Form 106A/B Schedule A/B: Property page 3

| D   | ability i ammy Jayne Goulding   |  | Case number (if known)          |   |
|-----|---|--|---------------------------------|---|
| 26. | Examples: Internet domain names, web  | e secrets, and other intellectual property sites, proceeds from royalties and licensing agreem | ents                            |   |
|     | <ul><li>■ No</li><li>☐ Yes. Give specific information about the</li></ul>   | nem  |                                 |   |
| 27. | Licenses, franchises, and other gener Examples: Building permits, exclusive li  | al intangibles<br>censes, cooperative association holdings, liquor lice                        | enses, professional licenses    |   |
|     | ☐ Yes. Give specific information about the  | nem  |                                 |   |
| M   | oney or property owed to you?   |  |                                 | Current value of the portion you own? Do not deduct secured |
| 28. | Tax refunds owed to you □ No  |  |                                 | claims or exemptions.                                       |
|     | Yes. Give specific information about the  | em, including whether you already filed the returns  | and the tax years               |   |
|     |   | Estimated/anticipated 2018 income tax refunds.   | Federal, State and Local        | \$428.00  |
|     |   | Prorated and anticipated 2019 income tax refunds.  | Federal, State and Local        | \$107.00  |
| 30. | ■ No □ Yes. Give specific information  Other amounts someone owes you   | rance payments, disability benefits, sick pay, vacat<br>lade to someone else                   |                                 |   |
|     |   | Funds involuntarily garnished from debtor lays pre-petition by Copoco Community C              |                                 | \$852.10  |
| 31. | Interests in insurance policies  Examples: Health, disability, or life insur  No  | ance; health savings account (HSA); credit, homeo  | wner's, or renter's insurance   |   |
|     | ☐ Yes. Name the insurance company of Company i  |  | ciary:                          | Surrender or refund value:                                  |
| 32. | Any interest in property that is due yo If you are the beneficiary of a living trust someone has died.  ■ No □ Yes. Give specific information | u from someone who has died<br>, expect proceeds from a life insurance policy, or ar           | e currently entitled to receive | property because  |
| 33. |   | or not you have filed a lawsuit or made a deman<br>utes, insurance claims, or rights to sue    | d for payment                   |   |
| 34. | Other contingent and unliquidated cla   | ims of every nature, including counterclaims of  | the debtor and rights to se     | off claims  |

Official Form 106A/B Schedule A/B: Property page 4 

| Deb          | or 1 Tammy Jayne Goulding   |                            | Case number (if known)       |            |
|--------------|---|----------------------------|------------------------------|------------|
|              | Yes. Describe each claim  |                            |                              |            |
|              | ny financial assets you did not already list<br>No<br>Yes. Give specific information  |                            |                              |            |
| 36.          | Add the dollar value of all of your entries from Part 4, includin for Part 4. Write that number here                          |                            |                              | \$1,415.16 |
| Part         | Describe Any Business-Related Property You Own or Have an Inter   | est In. List any real esta | te in Part 1.                |            |
| 37. <b>D</b> | you own or have any legal or equitable interest in any business-relate  | ed property?               |                              |            |
|              | No. Go to Part 6.   |                            |                              |            |
|              | Yes. Go to line 38.   |                            |                              |            |
| Part         | Describe Any Farm- and Commercial Fishing-Related Property You If you own or have an interest in farmland, list it in Part 1. | Own or Have an Interes     | st In.                       |            |
| 46. <b>I</b> | o you own or have any legal or equitable interest in any farm-  | or commercial fishin       | g-related property?          |            |
|              | No. Go to Part 7.   |                            |                              |            |
|              | Yes. Go to line 47.   |                            |                              |            |
| Part         | Describe All Property You Own or Have an Interest in That You   | u Did Not List Above       |                              |            |
|              | o you have other property of any kind you did not already list<br>Examples: Season tickets, country club membership  No       | ?                          |                              |            |
|              | Yes. Give specific information  |                            |                              |            |
| 54.          | Add the dollar value of all of your entries from Part 7. Write th   | at number here             |                              | \$0.00     |
| Part         | List the Totals of Each Part of this Form   |                            |                              |            |
| 55.          | Part 1: Total real estate, line 2   |                            |                              | \$0.00     |
| 56.          | Part 2: Total vehicles, line 5  | \$1,250.00                 |                              |            |
| 57.          | Part 3: Total personal and household items, line 15   | \$815.00                   |                              |            |
| 58.          | Part 4: Total financial assets, line 36   | \$1,415.16                 |                              |            |
| 59.          | Part 5: Total business-related property, line 45  | \$0.00                     |                              |            |
| 60.          | Part 6: Total farm- and fishing-related property, line 52   | \$0.00                     |                              |            |
| 61.          | Part 7: Total other property not listed, line 54 +  | \$0.00                     |                              |            |
| 62.          | Total personal property. Add lines 56 through 61  | \$3,480.16                 | Copy personal property total | \$3,480.16 |
| 63.          | Total of all property on Schedule A/B. Add line 55 + line 62  |                            |                              | \$3,480.16 |

Official Form 106A/B Schedule A/B: Property page 5

| Debtor 1               | Tammy Jayne Go           | oulding            |                 |                                      |
|------------------------|--------------------------|--------------------|-----------------|--------------------------------------|
|                        | First Name               | Middle Name        | Last Name       |                                      |
| Debtor 2               |                          |                    |                 |                                      |
| (Spouse if, filing)    | First Name               | Middle Name        | Last Name       |                                      |
| United States B        | ankruptcy Court for the: | EASTERN DISTRICT C | DF MICHIGAN     |                                      |
| Case number (if known) |                          |                    |                 | ☐ Check if this is an amended filing |
|                        | orm 106C                 |                    |                 |                                      |
| どへわへせい                 | IA (") IBA Dra           | anarty Vall (      | Claim as Exempt | 4/16                                 |

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| 1. | Which set of exemptions are you claiming   | ? Check one only, eve                | n if yo | our spouse is filing with you.                                  |                                    |
|----|--|--------------------------------------|---------|---|------------------------------------|
|    | ☐ You are claiming state and federal nonban  | kruptcy exemptions.                  | 11 U.S  | S.C. § 522(b)(3)  |                                    |
|    | ■ You are claiming federal exemptions. 11 t  | J.S.C. § 522(b)(2)                   |         |   |                                    |
| 2. | For any property you list on Schedule A/B  | that you claim as exe                | empt,   | fill in the information below.                                  |                                    |
|    | Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the portion you own | Amo     | ount of the exemption you claim                                 | Specific laws that allow exemption |
|    |  | Copy the value from<br>Schedule A/B  | Che     | eck only one box for each exemption.                            |                                    |
|    | 2003 Chevrolet Impala 250,000 miles Line from Schedule A/B: 3.1                        | \$1,250.00                           |         | \$250.00  | 11 U.S.C. § 522(d)(2)              |
|    | Line from Scriedule A/B: 3.1   |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | Household furniture, furnishings and appliances.                                       | \$500.00                             |         | \$500.00  | 11 U.S.C. § 522(d)(3)              |
|    | Line from Schedule A/B: <b>6.1</b>   |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | Television and laptop Line from Schedule A/B: 7.1                                      | \$100.00                             |         | \$100.00  | 11 U.S.C. § 522(d)(3)              |
|    | Line Irom Schedule A.B. T.1  |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | Personal clothing Line from Schedule A/B: 11.1   | \$200.00                             |         | \$200.00  | 11 U.S.C. § 522(d)(3)              |
|    | Line nom schedule Alb. 11.1  |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | Costume jewelry Line from Schedule A/B: 12.1   | \$15.00                              |         | \$15.00   | 11 U.S.C. § 522(d)(4)              |
|    | LITE HOTH SCHEUUR AVD. 12.1  |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 1 of 2

Part 1: Identify the Property You Claim as Exempt

|    | Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the portion you own | Amo    | ount of the exemption you claim                                 | Specific laws that allow exemption |
|----|--|--------------------------------------|--------|---|------------------------------------|
|    |  | Copy the value from<br>Schedule A/B  | Che    | ck only one box for each exemption.                             |                                    |
|    | Savings: Lake Huron Credit Union Line from Schedule A/B: 17.1                          | \$5.00                               |        | \$5.00  | 11 U.S.C. § 522(d)(5)              |
|    | Line IIIIII Schedule AVD. 17.1   |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | Checking: Lake Huron Credit Union Line from Schedule A/B: 17.2                         | \$23.06                              |        | \$23.06   | 11 U.S.C. § 522(d)(5)              |
|    | Line non schedule AVD. 11.2  |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | Federal, State and Local:<br>Estimated/anticipated 2018 income                         | \$428.00                             |        | \$428.00  | 11 U.S.C. § 522(d)(5)              |
|    | tax refunds. Line from Schedule A/B: 28.1  |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | Federal, State and Local: Prorated and anticipated 2019 income tax                     | \$107.00                             |        | \$107.00  | 11 U.S.C. § 522(d)(5)              |
|    | refunds. Line from Schedule A/B: 28.2  |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | Funds involuntarily garnished from debtor's wages in the 90 days                       | \$852.10                             |        | \$852.10  | 11 U.S.C. § 522(d)(5)              |
|    | pre-petition by Copoco Community Credit Union. Line from Schedule A/B: 30.1            |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |
| 3. | Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every 3   |                                      |        | led on or after the date of adjustme                            | nt.)                               |
|    | Yes. Did you acquire the property covere   | ed by the exemption wif              | thin 1 | ,215 days before you filed this case                            | ?                                  |
|    | □ No<br>□ Yes  |                                      |        |   |                                    |
|    |  |                                      |        |   |                                    |

| <b>5</b> 1   | _  |  |             |   |   |          |              |                 |
|--|--|--|-------------|---|---|----------|--------------|-----------------|
| Debtor 1   | Tammy Jayne (  | Goulding  Middle Name  Last Nan  | ie.         |   |   |          |              |                 |
| Debtor 2   |  |  | -           |   |   |          |              |                 |
| (Spouse if, filing)  | First Name   | Middle Name Last Nan   | ie          |   |   |          |              |                 |
| United States Bank   | kruptcy Court for the  | : EASTERN DISTRICT OF MICHIGAN   |             |   | _   |          |              |                 |
| Case number  |  |  |             |   |   |          |              |                 |
| (if known)   |  |  |             |   |   | ] Check  | if this is a | an              |
|  |  |  |             |   |   | amend    | led filing   |                 |
| Official Form  | 106D   |  |             |   |   |          |              |                 |
|  |  | Who Hove Claims Cook   | ام م سا     | by Droport  |   |          |              | 4044            |
| scheaule L   | D: Creditors   | Who Have Claims Secu   | rea         | by Propert  | <u>y                                    </u>    |          |              | 12/15           |
|  |  | If two married people are filing together, both a<br>out, number the entries, and attach it to this for  |             |   |   |          |              |                 |
| •  | ave claims secured b   | y your property?   |             |   |   |          |              |                 |
| ☐ No. Check t  | his box and submit   | his form to the court with your other schedule   | es. You     | u have nothing else t   | o report on thi                                 | is form. |              |                 |
| _  | all of the information   | ·  |             | <b>3</b>  |   |          |              |                 |
|  | Secured Claims   | bolow.   |             |   |   |          |              |                 |
| Part 1: List All   | Secured Claims   |  |             | 0-1   | Column B  |          | Column       | С               |
| 0   ! = 4 = II = = =   | Indiana 16 19 1  |  |             | Column A  |   |          |              |                 |
|  |  | more than one secured claim, list the creditor sepa<br>s a particular claim, list the other creditors in Part 2  |             | Amount of claim   | Value of coll                                   | ateral   | Unsecu       | red             |
| for each claim. If mor   | re than one creditor ha  |  |             | Amount of claim Do not deduct the   | Value of coll that support                      |          | portion      | red             |
| for each claim. If mor<br>much as possible, list   | re than one creditor ha<br>t the claims in alphabet  | s a particular claim, list the other creditors in Part 2   |             | Amount of claim   | Value of coll<br>that support<br>claim          |          |              |                 |
| for each claim. If mor<br>much as possible, list   | re than one creditor ha  | s a particular claim, list the other creditors in Part 2<br>ical order according to the creditor's name.   | As -        | Amount of claim Do not deduct the value of collateral.                                | Value of coll<br>that support<br>claim          | s this   | portion      |                 |
| for each claim. If more much as possible, list  2.1 Courtney A   | re than one creditor ha<br>t the claims in alphabet  | s a particular claim, list the other creditors in Part 2 ical order according to the creditor's name.  Describe the property that secures the claim:   | As -        | Amount of claim Do not deduct the value of collateral.                                | Value of coll<br>that support<br>claim          | s this   | portion      |                 |
| for each claim. If more much as possible, list  2.1 Courtney A  Creditor's Name  | re than one creditor ha<br>the claims in alphabet<br>Anne Styles   | s a particular claim, list the other creditors in Part 2 ical order according to the creditor's name.  Describe the property that secures the claim:   | As          | Amount of claim Do not deduct the value of collateral.                                | Value of coll<br>that support<br>claim          | s this   | portion      |                 |
| for each claim. If mormuch as possible, list  2.1 Courtney A  Creditor's Name  4896 Cente  | re than one creditor hat the claims in alphabet  Anne Styles  er Street  | s a particular claim, list the other creditors in Part 2 ical order according to the creditor's name.  Describe the property that secures the claim:  2003 Chevrolet Impala 250,000 mile  As of the date you file, the claim is: Check all the apply.  | As          | Amount of claim Do not deduct the value of collateral.                                | Value of coll<br>that support<br>claim          | s this   | portion      | \$ <b>0.0</b> 0 |
| for each claim. If mormuch as possible, list  2.1 Courtney A  Creditor's Name  4896 Cente  Millington,   | re than one creditor hat the claims in alphabet Anne Styles er Street MI 48746   | s a particular claim, list the other creditors in Part 2 ical order according to the creditor's name.  Describe the property that secures the claim:  2003 Chevrolet Impala 250,000 mile  As of the date you file, the claim is: Check all the apply.  Contingent  | As          | Amount of claim Do not deduct the value of collateral.                                | Value of coll<br>that support<br>claim          | s this   | portion      |                 |
| for each claim. If mormuch as possible, list  2.1 Courtney A  Creditor's Name  4896 Cente  Millington,   | re than one creditor hat the claims in alphabet  Anne Styles  er Street  | s a particular claim, list the other creditors in Part 2 ical order according to the creditor's name.  Describe the property that secures the claim:  2003 Chevrolet Impala 250,000 mile  As of the date you file, the claim is: Check all the apply.  Contingent Unliquidated   | As          | Amount of claim Do not deduct the value of collateral.                                | Value of coll<br>that support<br>claim          | s this   | portion      |                 |
| for each claim. If mormuch as possible, list  2.1 Courtney A  Creditor's Name  4896 Cente  Millington,   | re than one creditor hat the claims in alphabet  Anne Styles  er Street  MI 48746  City, State & Zip Code  | s a particular claim, list the other creditors in Part 2 ical order according to the creditor's name.  Describe the property that secures the claim:  2003 Chevrolet Impala 250,000 mile  As of the date you file, the claim is: Check all the apply.  Contingent  | As          | Amount of claim Do not deduct the value of collateral.                                | Value of coll<br>that support<br>claim          | s this   | portion      |                 |
| for each claim. If mormuch as possible, list  2.1 Courtney A  Creditor's Name  4896 Cente  Millington,  Number, Street, C  | re than one creditor hat the claims in alphabet  Anne Styles  er Street  MI 48746  City, State & Zip Code  | s a particular claim, list the other creditors in Part 2 ical order according to the creditor's name.  Describe the property that secures the claim:  2003 Chevrolet Impala 250,000 mile  As of the date you file, the claim is: Check all the apply.  Contingent Unliquidated Disputed  Nature of lien. Check all that apply.   | As S        | Amount of claim Do not deduct the value of collateral. \$1,000.00                     | Value of coll<br>that support<br>claim          | s this   | portion      |                 |
| for each claim. If mormuch as possible, list  2.1 Courtney A Creditor's Name  4896 Cente Millington, Number, Street, C   | re than one creditor hat the claims in alphabet  Anne Styles  er Street  MI 48746  City, State & Zip Code  | s a particular claim, list the other creditors in Part 2 ical order according to the creditor's name.  Describe the property that secures the claim:  2003 Chevrolet Impala 250,000 mile  As of the date you file, the claim is: Check all the apply.  Contingent Unliquidated Disputed  | As S        | Amount of claim Do not deduct the value of collateral. \$1,000.00                     | Value of coll<br>that support<br>claim          | s this   | portion      |                 |
| for each claim. If mormuch as possible, list  2.1 Courtney A Creditor's Name  4896 Cente Millington, Number, Street, C  Who owes the deb  Debtor 1 only  | re than one creditor hat the claims in alphabet  Anne Styles  Pr Street MI 48746  City, State & Zip Code  t? Check one.  | s a particular claim, list the other creditors in Part 2 ical order according to the creditor's name.  Describe the property that secures the claim:  2003 Chevrolet Impala 250,000 mile  As of the date you file, the claim is: Check all the apply.  Contingent Unliquidated Disputed Nature of lien. Check all that apply.  An agreement you made (such as mortgage   | As Saturday | Amount of claim Do not deduct the value of collateral. \$1,000.00                     | Value of coll<br>that support<br>claim          | s this   | portion      |                 |
| for each claim. If mormuch as possible, list  2.1 Courtney A Creditor's Name  4896 Cente Millington, Number, Street, C  Who owes the deb  Debtor 1 only Debtor 2 only Debtor 1 and Deb   | re than one creditor hat the claims in alphabet  Anne Styles  Pr Street MI 48746  City, State & Zip Code  t? Check one.  | s a particular claim, list the other creditors in Part 2 ical order according to the creditor's name.  Describe the property that secures the claim:  2003 Chevrolet Impala 250,000 mile  As of the date you file, the claim is: Check all the apply.  Contingent Unliquidated Disputed Nature of lien. Check all that apply.  An agreement you made (such as mortgage car loan)  Statutory lien (such as tax lien, mechanic's liet Judgment lien from a lawsuit   | S at        | Amount of claim Do not deduct the value of collateral. \$1,000.00                     | Value of coll<br>that support<br>claim          | s this   | portion      |                 |
| for each claim. If mormuch as possible, list  2.1 Courtney A Creditor's Name  4896 Cente Millington, Number, Street, C  Who owes the deb  Debtor 1 only Debtor 2 only Debtor 1 and Deb   | re than one creditor hat the claims in alphabet  Anne Styles  Pr Street MI 48746  City, State & Zip Code  At? Check one.   | s a particular claim, list the other creditors in Part 2 ical order according to the creditor's name.  Describe the property that secures the claim:  2003 Chevrolet Impala 250,000 mile  As of the date you file, the claim is: Check all the apply.  Contingent Unliquidated Disputed Nature of lien. Check all that apply.  An agreement you made (such as mortgage car loan)  Statutory lien (such as tax lien, mechanic's liet Judgment lien from a lawsuit   | S at        | Amount of claim Do not deduct the value of collateral. \$1,000.00                     | Value of coll<br>that support<br>claim          | s this   | portion      |                 |
| for each claim. If mormuch as possible, list  2.1 Courtney A Creditor's Name  4896 Cente Millington, Number, Street, C  Who owes the deb  Debtor 1 only Debtor 2 only Debtor 1 and Deb At least one of the Check if this clai                        | re than one creditor hat the claims in alphabet  Anne Styles  Pr Street MI 48746  City, State & Zip Code  At? Check one.  Attor 2 only A debtors and another im relates to a   | s a particular claim, list the other creditors in Part 2 ical order according to the creditor's name.  Describe the property that secures the claim:  2003 Chevrolet Impala 250,000 mile  As of the date you file, the claim is: Check all the apply.  Contingent Unliquidated Disputed Nature of lien. Check all that apply.  An agreement you made (such as mortgage car loan)  Statutory lien (such as tax lien, mechanic's liet Judgment lien from a lawsuit   | S at        | Amount of claim Do not deduct the value of collateral. \$1,000.00                     | Value of coll<br>that support<br>claim          | s this   | portion      |                 |
| for each claim. If mormuch as possible, list  2.1 Courtney A  Creditor's Name  4896 Cente  Millington,  Number, Street, C  Who owes the deb  Debtor 1 only  Debtor 2 only  Debtor 1 and Deb  At least one of the community debt  Date debt was incur | re than one creditor hat the claims in alphabet  Anne Styles  Pr Street MI 48746  City, State & Zip Code  At? Check one.  Ator 2 only Be debtors and another im relates to a treed  Treed  O6/18   | s a particular claim, list the other creditors in Part 2 ical order according to the creditor's name.  Describe the property that secures the claim:  2003 Chevrolet Impala 250,000 mile  As of the date you file, the claim is: Check all the apply.  Contingent Unliquidated Disputed Nature of lien. Check all that apply.  An agreement you made (such as mortgage car loan)  Statutory lien (such as tax lien, mechanic's liet) Judgment lien from a lawsuit Other (including a right to offset)  Last 4 digits of account number | S at        | Amount of claim Do not deduct the value of collateral. \$1,000.00  red  oney Security | Value of coll<br>that support<br>claim<br>\$1,2 | s this   | portion      |                 |
| for each claim. If mormuch as possible, list  2.1 Courtney A  Creditor's Name  4896 Cente  Millington,  Number, Street, C  Who owes the deb  Debtor 1 only  Debtor 2 only  Debtor 2 only  Check if this clai  community debt  Add the dollar value   | re than one creditor hat the claims in alphabet  Anne Styles  Pr Street MI 48746  City, State & Zip Code  At? Check one.  Ator 2 only Be debtors and another im relates to a treed  The code of the co | s a particular claim, list the other creditors in Part 2 ical order according to the creditor's name.  Describe the property that secures the claim:  2003 Chevrolet Impala 250,000 mile  As of the date you file, the claim is: Check all the apply.  Contingent Unliquidated Disputed Nature of lien. Check all that apply.  An agreement you made (such as mortgage car loan) Statutory lien (such as tax lien, mechanic's lied Judgment lien from a lawsuit Other (including a right to offset)  Purcha                            | S at        | Amount of claim Do not deduct the value of collateral. \$1,000.00                     | Value of coll that support claim \$1,2          | s this   | portion      |                 |

trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

| Fill in thi  | s information to identify your   | case:   |  |   |   |
|--|--|---|--|---|---|
| Debtor 1   | Tammy Jayne G  |   |  |   |   |
| Debtor 2   | First Name   | Middle Name   | Last Name  |   |   |
| (Spouse if, f  | iling) First Name  | Middle Name   | Last Name  |   |   |
| United St  | ates Bankruptcy Court for the:   | EASTERN DISTRICT O  | F MICHIGAN   |   |   |
| Case nur   | nber   |   |  |   | ☐ Check if this is an amended filing  |
|  | Form 106E/F<br> ule E/F: Creditors V   | Vho Have Unsec  | ured Claims  |   | 12/15   |
| any execut<br>Schedule (<br>Schedule I<br>left. Attach | ory contracts or unexpired lease<br>G: Executory Contracts and Unex<br>D: Creditors Who Have Claims Se | s that could result in a claim<br>pired Leases (Official Form<br>cured by Property. If more s<br>ge. If you have no information | . Also list executory<br>106G). Do not include<br>pace is needed, copy | contracts on Schedule A/B<br>any creditors with partiall<br>the Part you need, fill it ou | ONPRIORITY claims. List the other party is: Property (Official Form 106A/B) and on y secured claims that are listed in it, number the entries in the boxes on the e top of any additional pages, write your |
|  | y creditors have priority unsecur  |   |  |   |   |
| _  | o. Go to Part 2.   | eu ciainis against you?   |  |   |   |
|  |  |   |  |   |   |
| ☐ Ye   |  | TV Unacquired Claims  |  |   |   |
| Part 2:  | List All of Your NONPRIORI   |   |  |   |   |
| _  | y creditors have nonpriority unse  |   |  |   |   |
| □ No   | o. You have nothing to report in this  | part. Submit this form to the co  | ourt with your other sch   | nedules.  |   |
| Ye   | S.   |   |  |   |   |
| unsec  | ne creditor holds a particular claim,  | ly for each claim. For each cla   | im listed, identify what   | type of claim it is. Do not list  | ditor has more than one nonpriority claims already included in Part 1. If more d claims fill out the Continuation Page of   |
|  |  |   |  |   | Total claim   |
|  | Account Services   | Last 4 digit  | s of account number  | M002  | \$825.00  |
| 1  | Ionpriority Creditor's Name 802 NE Loop 410 Suite 40   | 0 When was t  | he debt incurred?  | 10/16   |   |
|  | San Antonio, TX 78217  Jumber Street City State Zip Code   | As of the da  | ate vou file, the claim  | is: Check all that apply  |   |
|  | Vho incurred the debt? Check one   |   | .,   |   |   |
|  | Debtor 1 only  | ☐ Continge  | ent  |   |   |
|  | Debtor 2 only  | ☐ Unliquida   |  |   |   |
| _  | Debtor 1 and Debtor 2 only   | □ Disputed  |  |   |   |
| _  | At least one of the debtors and ar   | nother Type of NO   | NPRIORITY unsecure   | ed claim:   |   |
| [  | ☐ Check if this claim is for a com   | munity Student  | oans   |   |   |
| d  | ebt<br>s the claim subject to offset?  |   |  | aration agreement or divorce  | that you did not  |
|  | ■ No   |   | •  | ng plans, and other similar d   | ebts  |
|  | ☐Yes   | Other S   | <sub>pecify</sub> services   |   |   |

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 1 of 13

| Account Services   | Last 4 digits of account number M002  | \$116.0                     |
|--|---|-----------------------------|
| Nonpriority Creditor's Name  | When we the debt in sum do 02/47  |                             |
| 1802 NE Loop 410 Suite 400<br>San Antonio, TX 78217                                | When was the debt incurred? 03/17   |                             |
| Number Street City State Zip Code  | As of the date you file, the claim is: Check all that ap                                | pply                        |
| Who incurred the debt? Check one.  |   |                             |
| Debtor 1 only  | ☐ Contingent  |                             |
| Debtor 2 only  | ☐ Unliquidated  |                             |
| Debtor 1 and Debtor 2 only   | ☐ Disputed  |                             |
| $\square$ At least one of the debtors and another                                  | Type of NONPRIORITY unsecured claim:  |                             |
| Check if this claim is for a community   | ☐ Student loans   |                             |
| debt<br>Is the claim subject to offset?  | Dobligations arising out of a separation agreement o report as priority claims          | or divorce that you did not |
| ■ No   | Debts to pension or profit-sharing plans, and other                                     | similar debts               |
| ☐ Yes  | Other. Specify Services   |                             |
| Account Services   | Last 4 digits of account number M002  | \$1,321.0                   |
| Nonpriority Creditor's Name 1802 NE Loop 410 Suite 400                             | When was the debt incurred? 04/17   |                             |
| San Antonio, TX 78217  Number Street City State Zip Code                           | As of the date you file, the claim is: Check all that ap                                | oply                        |
| Who incurred the debt? Check one.  | , to or the date you me, the claim is. Officer all that ap                              | , PP                        |
| ■ Debtor 1 only  | ☐ Contingent  |                             |
| Debtor 2 only  | ☐ Unliquidated  |                             |
| Debtor 1 and Debtor 2 only   | ☐ Disputed  |                             |
| ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |                             |
| ☐ Check if this claim is for a community   | ☐ Student loans   |                             |
| debt   | Obligations arising out of a separation agreement o                                     | r divorce that you did not  |
| Is the claim subject to offset?  | report as priority claims   |                             |
| ■ No   | Debts to pension or profit-sharing plans, and other                                     | similar debts               |
| Yes  | Other. Specify services   |                             |
| Account Services   | Last 4 digits of account number M002  | \$110.                      |
| Nonpriority Creditor's Name<br>1802 NE Loop 410 Suite 400<br>San Antonio, TX 78217 | When was the debt incurred? 05/16   |                             |
| Number Street City State Zip Code  | As of the date you file, the claim is: Check all that ap                                | pply                        |
| Who incurred the debt? Check one.  | ·   |                             |
| Debtor 1 only  | ☐ Contingent  |                             |
| Debtor 2 only  | ☐ Unliquidated  |                             |
| Debtor 1 and Debtor 2 only   | ☐ Disputed  |                             |
| At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |                             |
| ☐ Check if this claim is for a community   | ☐ Student loans   |                             |
| debt<br>Is the claim subject to offset?  | $\square$ Obligations arising out of a separation agreement o report as priority claims | or divorce that you did not |
| ■ No   | Debts to pension or profit-sharing plans, and other s                                   | similar debts               |
| ☐ Yes  | ■ Other. Specify services   |                             |

| Advance America   | Last 4 digits of account number 4019  | \$48 |
|---|---|------|
| Nonpriority Creditor's Name 310 W. Genesee Avenue Saginaw, MI 48602 | When was the debt incurred? 3/17  |      |
| Number Street City State Zip Code                                   | As of the date you file, the claim is: Check all that apply   |      |
| Who incurred the debt? Check one.                                   |   |      |
| Debtor 1 only   | Contingent  |      |
| Debtor 2 only   | ☐ Unliquidated  |      |
| Debtor 1 and Debtor 2 only  | ☐ Disputed  |      |
| At least one of the debtors and another                             | Type of NONPRIORITY unsecured claim:  |      |
| Check if this claim is for a community                              | ☐ Student loans   |      |
| debt<br>Is the claim subject to offset?<br>—                        | Obligations arising out of a separation agreement or divorce that you did r report as priority claims   | oot  |
| No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                     |      |
| Yes   | Other. Specify unsecured loan   |      |
| Advance America   | Last 4 digits of account number   | \$60 |
| Nonpriority Creditor's Name  2822 Tittabawasee  Saginaw, MI 48604   | When was the debt incurred?   |      |
| Number Street City State Zip Code                                   | As of the date you file, the claim is: Check all that apply   |      |
| Who incurred the debt? Check one.                                   |   |      |
| Debtor 1 only   | ☐ Contingent  |      |
| Debtor 2 only   | ☐ Unliquidated  |      |
| Debtor 1 and Debtor 2 only  | ☐ Disputed  |      |
| At least one of the debtors and another                             | Type of NONPRIORITY unsecured claim:  |      |
| ☐ Check if this claim is for a community                            | ☐ Student loans   |      |
| debt<br>Is the claim subject to offset?                             | ☐ Obligations arising out of a separation agreement or divorce that you did r report as priority claims | not  |
| ■ No  | Debts to pension or profit-sharing plans, and other similar debts                                       |      |
| Yes   | ■ Other. Specify money loaned   |      |
| Advanced Diagnostic Imaging, P.C.                                   | Last 4 digits of account number 9243  | \$4  |
| Nonpriority Creditor's Name 3400 N Center Road                      | When was the debt incurred? 2017  |      |
| Saginaw, MI 48603 Number Street City State Zip Code                 | As of the date you file, the claim is: Check all that apply   |      |
| Who incurred the debt? Check one.                                   | ,   |      |
| Debtor 1 only   | ☐ Contingent  |      |
| Debtor 2 only   | ☐ Unliquidated  |      |
| ☐ Debtor 1 and Debtor 2 only  | Disputed  |      |
| ☐ At least one of the debtors and another                           | Type of NONPRIORITY unsecured claim:  |      |
| ☐ Check if this claim is for a community                            | ☐ Student loans   |      |
| debt Is the claim subject to offset?                                | ☐ Obligations arising out of a separation agreement or divorce that you did r report as priority claims | not  |
| ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                     |      |
| □ Yes   | Other Specify Services  |      |

| Capital One Bank USA NA Nonpriority Creditor's Name                          | Last 4 digits of account number V001   | \$983.0                           |  |  |
|--|--|-----------------------------------|--|--|
| P.O. Box 30281<br>Salt Lake City, UT 84130                                   | When was the debt incurred? 10/09  |                                   |  |  |
| Number Street City State Zip Code  | As of the date you file, the claim is: Check all that app  | oly                               |  |  |
| Who incurred the debt? Check one.  |  |                                   |  |  |
| Debtor 1 only  | ☐ Contingent   |                                   |  |  |
| Debtor 2 only  | Unliquidated   |                                   |  |  |
| Debtor 1 and Debtor 2 only   |  |                                   |  |  |
| At least one of the debtors and another                                      | Type of NONPRIORITY unsecured claim:   |                                   |  |  |
| ☐ Check if this claim is for a community debt s the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separation agreement or report as priority claims | divorce that you did not          |  |  |
| No   | ☐ Debts to pension or profit-sharing plans, and other si   | milar debte                       |  |  |
| ■ No<br>□ Yes  |  | milar debts                       |  |  |
| ⊒ Yes  | Other. Specify credit card purchases   |                                   |  |  |
| Consumers Energy Nonpriority Creditor's Name                                 | Last 4 digits of account number 6693   | \$1,900.0                         |  |  |
| 3201 East Court Street<br>Flint, MI 48501                                    | When was the debt incurred? 2019   |                                   |  |  |
| Number Street City State Zip Code  | As of the date you file, the claim is: Check all that app  | ply                               |  |  |
| Vho incurred the debt? Check one.  |  |                                   |  |  |
| Debtor 1 only  | ☐ Contingent   |                                   |  |  |
| Debtor 2 only  | ☐ Unliquidated   |                                   |  |  |
| Debtor 1 and Debtor 2 only   | Disputed   |                                   |  |  |
| At least one of the debtors and another                                      | Type of NONPRIORITY unsecured claim:  ☐ Student loans  |                                   |  |  |
| ☐ Check if this claim is for a community<br>lebt                             | ☐ Obligations arising out of a separation agreement or   | alliana and the state of the same |  |  |
| s the claim subject to offset?   | report as priority claims  | divorce that you did not          |  |  |
| No   | ☐ Debts to pension or profit-sharing plans, and other si   | milar debts                       |  |  |
| Yes  | Other. Specify Services  |                                   |  |  |
| Copoco Community Credit Union  | Last 4 digits of account number R001   | \$0.0                             |  |  |
| Nonpriority Creditor's Name  | Last 4 digits of account number  |                                   |  |  |
| 1265 East Wilder   | When was the debt incurred? 09/12  |                                   |  |  |
| P.O. Box 1520<br>Bay City, MI 48706  |  |                                   |  |  |
| Number Street City State Zip Code  | As of the date you file, the claim is: Check all that app  | ply                               |  |  |
| Who incurred the debt? Check one.  |  |                                   |  |  |
| Debtor 1 only  | ☐ Contingent   |                                   |  |  |
| Debtor 2 only  | ☐ Unliquidated   |                                   |  |  |
| Debtor 1 and Debtor 2 only   | ☐ Disputed   |                                   |  |  |
| $\square$ At least one of the debtors and another                            | Type of NONPRIORITY unsecured claim:   |                                   |  |  |
| Check if this claim is for a community                                       | ☐ Student loans  |                                   |  |  |
| lebt<br>s the claim subject to offset?                                       | Obligations arising out of a separation agreement or report as priority claims                   | divorce that you did not          |  |  |
| No   | ☐ Debts to pension or profit-sharing plans, and other si   | milar debts                       |  |  |
|  |  |                                   |  |  |

| •  |  | 74.40   | <b>A</b> |  |  |
|--|--|---|----------|--|--|
| Covenant Nonpriority Creditor's Name                                 | Last 4 digits of account number                            | 7148  | \$2,416  |  |  |
| 1447 N. Harrison   | When was the debt incurred?                                | 2017  |          |  |  |
| Saginaw, MI 48602  Number Street City State Zip Code                 | As of the date you file the claim i                        | is. Check all that apply                                    |          |  |  |
| Who incurred the debt? Check one.                                    | As of the date you me, the claim                           | As of the date you file, the claim is: Check all that apply |          |  |  |
| ■ Debtor 1 only  | ☐ Contingent   |   |          |  |  |
| Debtor 2 only  | ☐ Unliquidated   |   |          |  |  |
| Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |          |  |  |
| ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured                              | d claim:  |          |  |  |
| ☐ Check if this claim is for a community                             | ☐ Student loans  |   |          |  |  |
| debt<br>Is the claim subject to offset?                              | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not               |          |  |  |
| ■ No   | Debts to pension or profit-sharing                         | ng plans, and other similar debts                           |          |  |  |
| □ Yes  | Other. Specify services                                    |   |          |  |  |
| Covenant   | Last 4 digits of account number                            | 5062  | \$266    |  |  |
| Nonpriority Creditor's Name  1447 N. Harrison                        | When was the debt incurred?                                | 2017  | <u> </u> |  |  |
| Saginaw, MI 48602  |  |   |          |  |  |
| Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim                         | is: Check all that apply                                    |          |  |  |
| ■ Debtor 1 only  | Occupies and   |   |          |  |  |
| Debtor 2 only  | ☐ Contingent☐ Unliquidated                                 |   |          |  |  |
| Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |          |  |  |
| At least one of the debtors and another                              | Type of NONPRIORITY unsecured                              | d claim:  |          |  |  |
| ☐ Check if this claim is for a community                             | ☐ Student loans  |   |          |  |  |
| debt   | Obligations arising out of a sepa                          | aration agreement or divorce that you did not               |          |  |  |
| Is the claim subject to offset?                                      | report as priority claims                                  |   |          |  |  |
| No   | Debts to pension or profit-sharing                         | ng plans, and other similar debts                           |          |  |  |
| Yes  | Other. Specify services                                    |   |          |  |  |
| Credit Management LP   | Last 4 digits of account number                            | B003  | \$355.   |  |  |
| Nonpriority Creditor's Name  | _  |   |          |  |  |
| 4200 International Pkwy<br>Carrollton, TX 75007                      | When was the debt incurred?                                | 06/13   |          |  |  |
| Number Street City State Zip Code                                    | As of the date you file, the claim i                       | is: Check all that apply                                    |          |  |  |
| Who incurred the debt? Check one.                                    |  |   |          |  |  |
| Debtor 1 only  | ☐ Contingent   |   |          |  |  |
| Debtor 2 only  | ☐ Unliquidated   |   |          |  |  |
| Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |          |  |  |
| At least one of the debtors and another                              | Type of NONPRIORITY unsecured                              | d claim:  |          |  |  |
| Check if this claim is for a community                               | ☐ Student loans  |   |          |  |  |
| debt<br>Is the claim subject to offset?                              | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not               |          |  |  |
| ■ No   | Debts to pension or profit-sharin                          | ng plans, and other similar debts                           |          |  |  |
| □ Yes  | ■ Other. Specify services                                  | <u>.</u>  |          |  |  |

| Enhanced Recovery Corporation  | Last 4 digits of account number                               | T002  | \$1,287.0  |
|--|---|---|------------|
| Nonpriority Creditor's Name P.O. Box 57547                           | When was the debt incurred?                                   | 12/13   |            |
| Jacksonville, FL 32241   | when was the dept incurred?                                   | 12/13   |            |
| Number Street City State Zip Code                                    | As of the date you file, the claim i                          | is: Check all that apply                      |            |
| Who incurred the debt? Check one.                                    |   |   |            |
| Debtor 1 only  | ☐ Contingent  |   |            |
| Debtor 2 only  | ☐ Unliquidated  |   |            |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |            |
| $\square$ At least one of the debtors and another                    | Type of NONPRIORITY unsecured                                 | d claim:                                      |            |
| Check if this claim is for a community                               | Student loans   |   |            |
| debt<br>Is the claim subject to offset?                              | ☐ Obligations arising out of a sepa report as priority claims | aration agreement or divorce that you did not |            |
| No   | Debts to pension or profit-sharin                             | g plans, and other similar debts              |            |
| □ Yes  | Other. Specify services                                       |   |            |
| FFCC Cleveland   | Last 4 digits of account number                               | V004  | \$263.0    |
| Nonpriority Creditor's Name  | Last 4 digits of account number                               |   | Ψ203.0     |
| 24700 Chagrin Blvd<br>Beachwood, OH 44122                            | When was the debt incurred?                                   | 11/11   |            |
| Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim i                          | is: Check all that apply                      |            |
| Debtor 1 only  | ☐ Contingent  |   |            |
| ☐ Debtor 2 only  | ☐ Unliquidated  |   |            |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |            |
| ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured                                 | d claim:                                      |            |
| ☐ Check if this claim is for a community                             | ☐ Student loans   |   |            |
| debt<br>Is the claim subject to offset?                              | Obligations arising out of a separeport as priority claims    | aration agreement or divorce that you did not |            |
| ■ No   | ☐ Debts to pension or profit-sharin                           | g plans, and other similar debts              |            |
| Yes  | Other. Specify services                                       |   |            |
| Financial Plus Credit Union  |   | 1004  | \$14.835.1 |
| Nonpriority Creditor's Name  | Last 4 digits of account number                               | 1004  | \$14,635.1 |
| P.O. Box 7006<br>Flint, MI 48507-7006                                | When was the debt incurred?                                   | 07/16   |            |
| Number Street City State Zip Code                                    | As of the date you file, the claim i                          | is: Check all that apply                      |            |
| Who incurred the debt? Check one.                                    |   |   |            |
| Debtor 1 only  | ☐ Contingent  |   |            |
| Debtor 2 only  | ☐ Unliquidated  |   |            |
| Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |            |
| At least one of the debtors and another                              | Type of NONPRIORITY unsecured                                 | d claim:                                      |            |
| Check if this claim is for a community                               | ☐ Student loans   |   |            |
|  | I I Obligations arising out of a sona                         | aration agreement or divorce that you did not |            |
| debt<br>Is the claim subject to offset?                              |   |   |            |
| ls the claim subject to offset?  No                                  | report as priority claims  Debts to pension or profit-sharin  | · ,   |            |

| Fingerhut Direct Marketing   | Last 4 digits of account number                                | 3001  | \$4,268.0 |  |  |
|--|--|---|-----------|--|--|
| Nonpriority Creditor's Name<br>6250 Ridgewood Road                   | When was the debt incurred?                                    | 6/18  |           |  |  |
| Saint Cloud, MN 56303-0820  Number Street City State Zip Code        | As of the date you file, the claim i                           | is: Check all that apply                      |           |  |  |
| Who incurred the debt? Check one.                                    | As of the date you me, the claim i                             | S. Oncok an that apply                        |           |  |  |
| ■ Debtor 1 only  | ☐ Contingent   |   |           |  |  |
| Debtor 2 only  | ☐ Unliquidated   |   |           |  |  |
| Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |           |  |  |
| ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured                                  | d claim:                                      |           |  |  |
| ☐ Check if this claim is for a community                             | ☐ Student loans  |   |           |  |  |
| debt<br>Is the claim subject to offset?                              | Obligations arising out of a separeport as priority claims     |   |           |  |  |
| ■ No   | Debts to pension or profit-sharin                              | g plans, and other similar debts              |           |  |  |
| □Yes   | Other. Specify credit card                                     | purchases                                     |           |  |  |
| GM Financial   | Last 4 digits of account number                                | K001  | \$8,296.4 |  |  |
| Nonpriority Creditor's Name  |  |   | Ψ0,200.4  |  |  |
| P.O. Box 181145<br>Arlington, TX 76096-1145                          | When was the debt incurred?                                    | 07/16   |           |  |  |
| Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim i                           | is: Check all that apply                      |           |  |  |
| Debtor 1 only  | ☐ Contingent   |   |           |  |  |
| Debtor 2 only  | ☐ Unliquidated   |   |           |  |  |
| Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |           |  |  |
| At least one of the debtors and another                              | Type of NONPRIORITY unsecured                                  | d claim:                                      |           |  |  |
| Check if this claim is for a community                               | ☐ Student loans  |   |           |  |  |
| debt<br>Is the claim subject to offset?<br>—                         | report as priority claims                                      | aration agreement or divorce that you did not |           |  |  |
| No   | Debts to pension or profit-sharin                              | <del>-</del> '                                |           |  |  |
| Yes  | Other. Specify deficiency                                      | balance                                       |           |  |  |
| MNC Group LLC  | Last 4 digits of account number                                | 0313  | \$1,800.0 |  |  |
| Nonpriority Creditor's Name P.O. Box 5457                            | When was the debt incurred?                                    | 11/18   |           |  |  |
| Saginaw, MI 48603  Number Street City State Zip Code                 |  | in Charle all that apply                      |           |  |  |
| Who incurred the debt? Check one.                                    | As of the date you file, the claim i                           | s: Спеск ан mat арргу                         |           |  |  |
| Debtor 1 only  | ☐ Contingent   |   |           |  |  |
| Debtor 2 only  | ☐ Unliquidated   |   |           |  |  |
| Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |           |  |  |
| At least one of the debtors and another                              | Type of NONPRIORITY unsecured                                  |   |           |  |  |
| Check if this claim is for a community                               | Student loans  |   |           |  |  |
| debt<br>Is the claim subject to offset?                              | Obligations arising out of a sepa<br>report as priority claims | aration agreement or divorce that you did not |           |  |  |
| ■ No   | ☐ Debts to pension or profit-sharin                            | ng plans, and other similar debts             |           |  |  |
|  | ■ Other. Specify unpaid rent/damages                           |   |           |  |  |

| Money Recovery Nationwide   | Last 4 digits of account number J001                                    |                                    | \$541.0 |
|---|---|------------------------------------|---------|
| Nonpriority Creditor's Name 8155 Executive Court, Suite 10                              | When was the debt incurred? 06/12                                       |                                    |         |
| Lansing, MI 48917  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check                            | all that apply                     |         |
| ■ Debtor 1 only   | ☐ Contingent  |                                    |         |
| Debtor 2 only   | ☐ Unliquidated  |                                    |         |
| ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |                                    |         |
| ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:                                    |                                    |         |
| ☐ Check if this claim is for a community  | ☐ Student loans   |                                    |         |
| debt Is the claim subject to offset?  | ☐ Obligations arising out of a separation agr report as priority claims | eement or divorce that you did not |         |
| ■ No  | Debts to pension or profit-sharing plans, a                             | nd other similar debts             |         |
| Yes   | Other. Specify services   |                                    |         |
| Dan ann aire Innanan  |   |                                    | <b></b> |
| Progressive Insurance Nonpriority Creditor's Name                                       | Last 4 digits of account number   |                                    | \$0.0   |
| 6300 Wilson Mills Road<br>Cleveland, OH 44143   | When was the debt incurred?   |                                    |         |
| Number Street City State Zip Code   | As of the date you file, the claim is: Check                            | all that apply                     |         |
| Who incurred the debt? Check one.   |   |                                    |         |
| Debtor 1 only   | ☐ Contingent  |                                    |         |
| Debtor 2 only   | ☐ Unliquidated  |                                    |         |
| ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |                                    |         |
| $\square$ At least one of the debtors and another                                       | Type of NONPRIORITY unsecured claim:                                    |                                    |         |
| Check if this claim is for a community  | ☐ Student loans   |                                    |         |
| debt<br>Is the claim subject to offset?   | ☐ Obligations arising out of a separation agreeport as priority claims  | eement or divorce that you did not |         |
| ■ No  | Debts to pension or profit-sharing plans, a                             | nd other similar debts             |         |
| Yes   | Other. Specify notice purposes  |                                    |         |
| Redmond Auto Collision  | Last 4 digits of account number 7342                                    |                                    | \$500.0 |
| Nonpriority Creditor's Name   | Last 4 digits of account number /342                                    |                                    | \$500.0 |
| 105 Bacon Road  | When was the debt incurred? 1/17  |                                    |         |
| Saginaw, MI 48609   |   |                                    |         |
| Number Street City State Zip Code  Who incurred the debt? Check one.                    | As of the date you file, the claim is: Check                            | all that apply                     |         |
| Debtor 1 only   | Constitution and  |                                    |         |
| Debtor 2 only   | ☐ Contingent ☐ Unliquidated   |                                    |         |
| Debtor 1 and Debtor 2 only  | ☐ Disputed  |                                    |         |
| ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:                                    |                                    |         |
| ☐ Check if this claim is for a community  | ☐ Student loans   |                                    |         |
| debt Is the claim subject to offset?  | ☐ Obligations arising out of a separation agr report as priority claims | eement or divorce that you did not |         |
| ■ No  | ☐ Debts to pension or profit-sharing plans, a                           | nd other similar debts             |         |
| ☐ Yes   | Other Specify services  |                                    |         |

| Sprint Nonpriority Creditor's Name                                   | Last 4 digits of account number                            | 8093  | \$3,519 |
|--|--|---|---------|
| P.O. Box 4191  | When was the debt incurred?                                | 2019  |         |
| Carol Stream, IL 60197   | _  |   |         |
| Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim i                       | is: Check all that apply                      |         |
| Debtor 1 only  | Пол  |   |         |
| _  | ☐ Contingent   |   |         |
| Debtor 2 only  | ☐ Unliquidated   |   |         |
| Debtor 1 and Debtor 2 only   | ☐ Disputed  Type of NONPRIORITY unsecured                  | d claim:                                      |         |
| At least one of the debtors and another                              | Student loans  | d dann.                                       |         |
| ☐ Check if this claim is for a community debt                        | ☐ Obligations arising out of a sepa                        | aration agreement or divorce that you did not |         |
| Is the claim subject to offset?                                      | report as priority claims                                  |   |         |
| No No  | Debts to pension or profit-sharin                          | ng plans, and other similar debts             |         |
| Yes  | Other. Specify services                                    |   |         |
| St. Mary's   | Last 4 digits of account number                            | 4771  | \$25    |
| Nonpriority Creditor's Name  |  |   | · · ·   |
| 800 S. Washington<br>Saginaw, MI 48601                               | When was the debt incurred?                                | 04/16   |         |
| Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim                         | is: Check all that apply                      |         |
| Debtor 1 only  | ☐ Contingent   |   |         |
| ☐ Debtor 2 only  | ☐ Unliquidated   |   |         |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |         |
| ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured                              | d claim:                                      |         |
| ☐ Check if this claim is for a community                             | ☐ Student loans  |   |         |
| debt<br>Is the claim subject to offset?                              | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |         |
| ■ No   | Debts to pension or profit-sharing                         | ng plans, and other similar debts             |         |
| Yes  | Other. Specify services                                    |   |         |
|  |  |   |         |
| Suseela Yalamanthy   | Last 4 digits of account number                            | 0086  | \$1,800 |
| Nonpriority Creditor's Name P.O. Box 5457                            | When was the debt incurred?                                | 11/18   |         |
| Saginaw, MI 48603 Number Street City State Zip Code                  | As of the date you file, the claim i                       | is: Check all that apply                      |         |
| Who incurred the debt? Check one.                                    | and you may may are examined                               |   |         |
| ■ Debtor 1 only  | ☐ Contingent   |   |         |
| Debtor 2 only  | ☐ Unliquidated   |   |         |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |         |
| ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured                              | d claim:                                      |         |
| ☐ Check if this claim is for a community                             | ☐ Student loans  |   |         |
| debt<br>Is the claim subject to offset?                              | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |         |
| ■ No   | Debts to pension or profit-sharing                         | ng plans, and other similar debts             |         |
| □ Yes  |  | t/damages                                     |         |

| Debt     | or 1 Tammy Jayne Goulding   | Case number (if known)  |            |
|----------|---|---|------------|
| 4.2<br>6 | Synchrony Bank  | Last 4 digits of account number E003  | \$825.00   |
|          | Nonpriority Creditor's Name P.O. Box 105972   | When was the debt incurred? 06/18   |            |
|          | Atlanta, GA 30348  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |            |
|          | ■ Debtor 1 only   | ☐ Contingent  |            |
|          | Debtor 2 only   | □ Unliquidated  |            |
|          | Debtor 1 and Debtor 2 only  | □ Disputed  |            |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |            |
|          | <u></u>   | ☐ Student loans   |            |
|          | ☐ Check if this claim is for a community debt  Is the claim subject to offset?          | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims         |            |
|          | ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts   |            |
|          | Yes   | ■ Other. Specify credit card purchases  |            |
| 4.2<br>7 | TNT Financial   | Last 4 digits of account number 1001  | \$5,907.12 |
|          | Nonpriority Creditor's Name P.O. Box 5767 Saginaw, MI 48603                             | When was the debt incurred? 10/15   |            |
|          | Number Street City State Zip Code  Who incurred the debt? Check one.                    | As of the date you file, the claim is: Check all that apply   |            |
|          | Debtor 1 only   | ☐ Contingent  |            |
|          | Debtor 2 only   | ☐ Unliquidated  |            |
|          | ☐ Debtor 1 and Debtor 2 only  | □ Disputed  |            |
|          | At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |            |
|          | ☐ Check if this claim is for a community  | ☐ Student loans   |            |
|          | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims         |            |
|          | ■ No  | Debts to pension or profit-sharing plans, and other similar debts   |            |
|          | Yes   | ■ Other. Specify deficiency balance/judgment  |            |
| 4.2<br>8 | Verizon Wireless  | Last 4 digits of account number W002  | \$2,881.00 |
|          | Nonpriority Creditor's Name 500 Technology Dr. Ste 550 Saint Charles, MO 63304          | When was the debt incurred? 09/16   |            |
|          | Number Street City State Zip Code Who incurred the debt? Check one.                     | As of the date you file, the claim is: Check all that apply   |            |
|          | Debtor 1 only   | ☐ Contingent  |            |
|          | Debtor 2 only   | ☐ Unliquidated  |            |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |            |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |            |
|          | ☐ Check if this claim is for a community ☐ Student loans                                |   |            |
|          | debt<br>Is the claim subject to offset?   | $\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|          | ■ No  | lacktriangle Debts to pension or profit-sharing plans, and other similar debts                                    |            |
|          | ☐ Yes   | Other. Specify services   |            |
|          |   |   |            |

Part 3: List Others to Be Notified About a Debt That You Already Listed

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

on miles only in react of react 2 and you not use original orounds.

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

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<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

| Debtor 1 Tammy Jayne Goulding  |  | Case number (if known)  |  |  |  |
|--|--|---|--|--|--|
| 70th District Court<br>Case No. 18-2813-GC-3<br>111 S. Michigan Avenue<br>Saginaw, MI 48602          |  | □ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims                                  |  |  |  |
|  | Last 4 digits of account number                                      |   |  |  |  |
| Name and Address 70th District Court Case No. 18-0540-GC-3 111 S. Michigan Avenue Saginaw, MI 48602  |  | ou list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims     |  |  |  |
|  | Last 4 digits of account number                                      |   |  |  |  |
| Name and Address 70th District Court Case No. 19-0313-SC 111 S. Michigan Avenue Saginaw, MI 48602    |  | ou list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims     |  |  |  |
|  | Last 4 digits of account number                                      |   |  |  |  |
| Name and Address 70th District Court Case No. 19-0086-SC 111 S. Michigan Avenue Saginaw, MI 48602    |  | ou list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims     |  |  |  |
|  | Last 4 digits of account number                                      |   |  |  |  |
| Name and Address 74th District Court Case No. 17-4191-SC-1 1230 Washington Avenue Bay City, MI 48708 |  | ou list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims     |  |  |  |
|  | Last 4 digits of account number                                      |   |  |  |  |
| Name and Address CBC Credit Services P.O. Box 3244 Saginaw, MI 48605                                 |  | ou list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims     |  |  |  |
|  |  |   |  |  |  |
| Name and Address CBC Credit Services, Inc. 804 South Hamilton, Suite 107 Saginaw, MI 48602           | On which entry in Part 1 or Part 2 did you Line 4.11 of (Check one): | ou list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims     |  |  |  |
|  | Last 4 digits of account number                                      |   |  |  |  |
| Name and Address CBC Credit Services, Inc. 804 South Hamilton, Suite 107 Saginaw, MI 48602           |  | ou list the original creditor?  □ Part 1: Creditors with Priority Unsecured Claims  ■ Part 2: Creditors with Nonpriority Unsecured Claims |  |  |  |
|  | Last 4 digits of account number                                      |   |  |  |  |
| Name and Address CBM Services 300 Rodd Street, Suite 202 Midland, MI 48640                           |  | ou list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims     |  |  |  |
|  | Last 4 digits of account number                                      |   |  |  |  |
| Name and Address James N. Meinecke P.O. Box 5767 Saginaw, MI 48603                                   |  | ou list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims     |  |  |  |
| Name and Address   | On which entry in Part 1 or Part 2 did yo                            | ou list the original creditor?  |  |  |  |
| Jefferson Capital System 16 McLeland Road Saint Cloud, MN 56303                                      | Line 4.17 of (Check one):  | □ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims                                  |  |  |  |

Official Form 106 E/F

| Debtor 1 Tammy Jayne Goulding   |   | Case numb       | Der (if known)   |
|---|---|-----------------|--|
| Name and Address<br>Mercantile Adjustment Bureau, LLC<br>P.O. Box 9054<br>Williamsville, NY 14231-9054                              | On which entry in Part 1 or Part 2 did Line 4.9 of (Check one):  Last 4 digits of account number                  | ☐ Part 1: Cre   | nal creditor?<br>ditors with Priority Unsecured Claims<br>ditors with Nonpriority Unsecured Claims |
| Name and Address<br>Michigan Assigned Claims Plan<br>P.O. Box 532318<br>Livonia, MI 48153   | On which entry in Part 1 or Part 2 did Line 4.21 of (Check one):  Last 4 digits of account number                 | ☐ Part 1: Cre   | nal creditor?<br>ditors with Priority Unsecured Claims<br>ditors with Nonpriority Unsecured Claims |
| Name and Address Michigan Secretary of State Office Lansing, MI 48918   | On which entry in Part 1 or Part 2 did Line 4.21 of (Check one):  Last 4 digits of account number                 | Part 1: Cre     | nal creditor?<br>ditors with Priority Unsecured Claims<br>ditors with Nonpriority Unsecured Claims |
| Name and Address Portfolio Recovery Assoc Riverside Commerce Center 120 Corporate Blvd Ste 100 Norfolk, VA 23502                    | On which entry in Part 1 or Part 2 did Line 4.26 of (Check one):  Last 4 digits of account number                 | ☐ Part 1: Cre   | nal creditor?<br>ditors with Priority Unsecured Claims<br>ditors with Nonpriority Unsecured Claims |
| Name and Address<br>Rev-1 Solutions, LLC<br>517 US Highway 31N<br>Greenwood, IN 46142   | On which entry in Part 1 or Part 2 did Line <b>4.24</b> of ( <i>Check one</i> ):  Last 4 digits of account number | ☐ Part 1: Cre   | nal creditor?<br>ditors with Priority Unsecured Claims<br>ditors with Nonpriority Unsecured Claims |
| Name and Address SYNCB/Walmart P.O. Box 965036 Orlando, FL 32896-5036   | On which entry in Part 1 or Part 2 did Line 4.26 of (Check one):  Last 4 digits of account number                 | ☐ Part 1: Cre   | nal creditor?<br>ditors with Priority Unsecured Claims<br>ditors with Nonpriority Unsecured Claims |
| Name and Address SYNCB/Walmart DC P.O. Box 965024 Orlando, FL 32896   | On which entry in Part 1 or Part 2 did Line 4.26 of (Check one):  Last 4 digits of account number                 | ☐ Part 1: Cre   | nal creditor?<br>ditors with Priority Unsecured Claims<br>ditors with Nonpriority Unsecured Claims |
| Name and Address Third Party Withholding Unit Financial Services Bureau Michigan Department of Treasury Box 30785 Lansing, MI 48909 | On which entry in Part 1 or Part 2 did Line 4.27 of (Check one):  | Part 1: Cre     | nal creditor?<br>ditors with Priority Unsecured Claims<br>ditors with Nonpriority Unsecured Claims |
|   | Last 4 digits of account number   |                 |  |
| Name and Address Webbank/Fingerhut 6250 Ridgewood Road Saint Cloud, MN 56303  | On which entry in Part 1 or Part 2 did Line 4.17 of (Check one):  | Part 1: Cre     | nal creditor?<br>ditors with Priority Unsecured Claims<br>ditors with Nonpriority Unsecured Claims |
|   | Last 4 digits of account number   |                 |  |
| Name and Address Wenzloff & Wenzloff, P.L.C. 903 N. Jackson Street Bay City, MI 48708-5953  | On which entry in Part 1 or Part 2 did Line 4.16 of (Check one):  Last 4 digits of account number                 | ☐ Part 1: Cre   | nal creditor?<br>ditors with Priority Unsecured Claims<br>ditors with Nonpriority Unsecured Claims |
| Port A. Add the America for Fook Transact   | Incoured Claim  |                 |  |
|   |   | al reporting pu | rposes only. 28 U.S.C. §159. Add the amounts for each  |
| type of unsecured claim.  |   | . 3.            | Total Claim  |
| 6a. Domestic support obligation   | ns  | 6a.             | \$0.00   |

Total

Schedule E/F: Creditors Who Have Unsecured Claims

Page 12 of 13

Official Form 106 E/F

| Debtor 1 | <b>Tammy Jayne Goulding</b> |
|----------|-----------------------------|
|          |                             |

## Case number (if known)

| claims<br>rom Part 1 | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$ | 0.00        |
|----------------------|-----|---|-----|----|-------------|
|                      | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$ | 0.00        |
|                      | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$ | 0.00        |
|                      | ou. | Canon you all other profits discoured damins. Write that amount note.                                   | ou. | Ψ  | 0.00        |
|                      | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$ | 0.00        |
|                      |     |   |     |    | Total Claim |
| T. (.)               | 6f. | Student loans   | 6f. | \$ | 0.00        |
| Total claims         |     |   |     |    |             |
| rom Part 2           | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00        |
|                      | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$ | 0.00        |
|                      | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$ | 56,165.26   |
|                      | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$ | 56,165.26   |

| Fill in this infor  | mation to identify your  | case:              |            |   |                       |
|---------------------|--------------------------|--------------------|------------|---|-----------------------|
| Debtor 1            | Tammy Jayne Go           | oulding            |            |   |                       |
|                     | First Name               | Middle Name        | Last Name  | _ | I                     |
| Debtor 2            |                          |                    |            |   |                       |
| (Spouse if, filing) | First Name               | Middle Name        | Last Name  |   |                       |
| United States Ba    | ankruptcy Court for the: | EASTERN DISTRICT O | F MICHIGAN |   |                       |
| Case number _       |                          |                    |            |   | ☐ Check if this is an |
|                     |                          |                    |            |   | amended filing        |

# Official Form 106G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | Name, Number | whom you have the street, City, State and ZIF | e contract or lease<br>Code | State what the contract or lease is for |
|-----|-----------|--------------|---|-----------------------------|---|
| 2.1 |           |              |   |                             |   |
|     | Name      |              |   |                             |   |
|     | Number    | Street       |   |                             |   |
|     | City      |              | State   | ZIP Code                    | <u> </u>                                |
| 2.2 |           |              |   |                             |   |
|     | Name      |              |   |                             |   |
|     | Number    | Street       |   |                             | _                                       |
|     | City      |              | State   | ZIP Code                    | <del>_</del>                            |
| 2.3 |           |              |   |                             |   |
|     | Name      |              |   |                             |   |
|     | Number    | Street       |   |                             | <u> </u>                                |
|     | City      |              | State   | ZIP Code                    | <del>_</del>                            |
| 2.4 | •         |              |   |                             |   |
|     | Name      |              |   |                             |   |
|     | Number    | Street       |   |                             | <u> </u>                                |
|     | City      |              | State   | ZIP Code                    | _                                       |
| 2.5 |           |              |   |                             |   |
|     | Name      |              |   |                             |   |
|     | Number    | Street       |   |                             | <u> </u>                                |
|     | City      |              | State   | ZIP Code                    | <u> </u>                                |

| Fill in this in                                     | formation to identify your                                      | case:   |  |  |  |
|---|---|---|--|--|--|
| Debtor 1  | Tammy Jayne Go  |   |  |  |  |
| Debtor 2  | First Name  | Middle Name   | Last Name  |  |  |
| (Spouse if, filing)                                 | First Name  | Middle Name   | Last Name  |  |  |
| United States                                       | Bankruptcy Court for the:                                       | EASTERN DISTRICT (  | OF MICHIGAN  |  |  |
| Case number   |   |   |  |  | ☐ Check if this is an amended filing   |
|   | orm 106H<br><b>le H: Your Cod</b>                               | ebtors  |  |  | 12/15  |
| people are fili<br>fill it out, and<br>your name an | ing together, both are equ                                      | ally responsible for sup<br>boxes on the left. Attac<br>. Answer every question | plying correct information the Additional Page to n. | on. If more space is no<br>this page. On the top | te as possible. If two married<br>eeded, copy the Additional Page<br>of any Additional Pages, write    |
| □ No<br>■ Yes                                       |   |   |  |  |  |
|   | the last 8 years, have you<br>California, Idaho, Louisiana,     |   |  |  | states and territories include   |
| _   | o to line 3.<br>oid your spouse, former spou                    | use, or legal equivalent liv  | e with you at the time?                              |  |  |
| in line 2   | again as a codebtor only i<br>6D), Schedule E/F (Official       | f that person is a guarar   | ntor or cosigner. Make si                            | ure you have listed th                           | with you. List the person show<br>e creditor on Schedule D (Offici<br>Schedule E/F, or Schedule G to t |
|   | lumn 1: Your codebtor<br>ne, Number, Street, City, State and Zi | IP Code   |  | Column 2: The cre<br>Check all schedule          | ditor to whom you owe the debt s that apply:   |
| 20  | sha M. Bosley<br>11 Mershon<br>ginaw, MI 48602                  |   |  | ☐ Schedule D, lir ■ Schedule E/F, ☐ Schedule G   |  |

|                    |  |  |  |                         |                               | -                  |                       |                         |                              |                 |  |
|--------------------|--|--|--|-------------------------|-------------------------------|--------------------|-----------------------|-------------------------|------------------------------|-----------------|--|
|                    | in this information to identify you btor 1 Tammy J   | ır case:<br>ayne Goulding  |  |                         |                               |                    |                       |                         |                              |                 |  |
| _                  | btor 2   |  |  |                         |                               |                    |                       |                         |                              |                 |  |
|                    | ited States Bankruptcy Court for   | the: EASTERN DISTRICT  | OF MICHIGAN                                |                         |                               |                    |                       |                         |                              |                 |  |
|                    | se number<br>  |  | -  |                         |                               | ☐ An               |                       | nt showin               | g postpetition               |                 |  |
| 0                  | fficial Form 106I  |  |  |                         |                               | M                  | M / DD/ Y`            | YYY                     | Ü                            |                 |  |
| S                  | chedule I: Your In   | come   |  |                         |                               |                    | ,, .                  |                         |                              | 12/15           |  |
| sup<br>spo<br>atta | as complete and accurate as p<br>plying correct information. If y<br>use. If you are separated and y<br>ch a separate sheet to this for<br>tt 1: Describe Employme | rou are married and not fili<br>your spouse is not filing w<br>m. On the top of any additi | ng jointly, and your ith you, do not inclu | spouse<br>de infor      | is liv<br>mati                | ing with yon about | ou, inclu<br>your spo | de inforn<br>use. If mo | nation about<br>ore space is | your<br>needed, |  |
| 1.                 | Fill in your employment information.   |  | Debtor 1                                   |                         | Debtor 2 or non-filing spouse |                    |                       |                         |                              |                 |  |
|                    | If you have more than one job, attach a separate page with information about additional employers.   | Employment status  | ■ Employed                                 | ■ Employed              |                               |                    |                       | ☐ Employed              |                              |                 |  |
|                    |  | ,  | ☐ Not employed                             |                         |                               |                    | ☐ Not employed        |                         |                              |                 |  |
|                    |  | Occupation   | Manager                                    | Manager  Little Caesars |                               |                    |                       |                         |                              |                 |  |
|                    | Include part-time, seasonal, or self-employed work.  | Employer's name  | Little Caesars                             |                         |                               |                    |                       |                         |                              |                 |  |
|                    | Occupation may include stude or homemaker, if it applies.  | nt Employer's address  | 3625 Davenpor<br>Saginaw, MI 48            |                         |                               |                    |                       |                         |                              |                 |  |
|                    |  | How long employed t  | here? 35 year                              | rs                      |                               |                    | _                     |                         |                              |                 |  |
| Pai                | rt 2: Give Details About I   | Monthly Income   |  |                         |                               |                    |                       |                         |                              |                 |  |
|                    | imate monthly income as of thuse unless you are separated.   | e date you file this form. If  | you have nothing to r                      | eport for               | any                           | line, write        | \$0 in the s          | space. Inc              | clude your noi               | n-filing        |  |
|                    | ou or your non-filing spouse have<br>e space, attach a separate shee   |  | ombine the informatio                      | n for all               | empl                          | oyers for th       | hat persor            | n on the li             | nes below. If                | you need        |  |
|                    |  |  |  |                         |                               | For Debt           | tor 1                 |                         | btor 2 or<br>ng spouse       |                 |  |
| 2.                 | List monthly gross wages, s deductions). If not paid month   | •  |  | 2.                      | \$                            | 2,9                | 943.70                | \$                      | N/A                          |                 |  |
| 3.                 | Estimate and list monthly ov   | vertime pay.   |  | 3.                      | +\$                           |                    | 0.00                  | +\$                     | N/A                          |                 |  |
| 4.                 | Calculate gross Income. Ad   | d line 2 + line 3.   |  | 4.                      | \$                            | 2,94               | 3.70                  | \$                      | N/A                          |                 |  |

|     |                           | For Debtor 1  |                  |       |            | For Debtor 2 or non-filing spouse            |    |      | e            |           |          |
|-----|---------------------------|---|------------------|-------|------------|--|----|------|--------------|-----------|----------|
|     | Сору                      | / line 4 here   | 4.               | \$    | 2,943.70   | )  | \$ | 9 -  | N/           |           |          |
| _   |                           |   |                  |       |            | _  |    |      |              |           |          |
| 5.  | List a                    | all payroll deductions:   |                  |       |            |  |    |      |              |           |          |
|     | 5a.                       | Tax, Medicare, and Social Security deductions   | 5a.              | \$_   | 671.36     | <u> </u>                                     | \$ |      | N/           |           |          |
|     | 5b.                       | Mandatory contributions for retirement plans  | 5b.              | \$    | 0.00       | )  | \$ |      | N/           |           |          |
|     | 5c.                       | Voluntary contributions for retirement plans  | 5c.              | \$_   | 0.00       | )_   | \$ |      | N/           | <u>'A</u> |          |
|     | 5d.                       | Required repayments of retirement fund loans  | 5d.              | \$_   | 0.00       | _  | \$ |      | N/           | /A_       |          |
|     | 5e.                       | Insurance   | 5e.              | \$    | 0.00       | _  | \$ |      | N/           |           |          |
|     | 5f.                       | Domestic support obligations  | 5f.              | \$_   | 0.00       | _  | \$ |      | N/           |           |          |
|     | 5g.                       | Union dues  | 5g.              | \$_   | 0.00       | _  | \$ |      | N/           |           |          |
|     | 5h.                       | Other deductions. Specify:  | 5h. <del>+</del> | + \$_ | 0.00       | _ +  | \$ |      | N/           | /Α_       |          |
| 6.  | Add                       | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.               | \$_   | 671.36     | <u> </u>                                     | \$ |      | N/           | <u>/A</u> |          |
| 7.  | Calcu                     | ulate total monthly take-home pay. Subtract line 6 from line 4.   | 7.               | \$_   | 2,272.34   | <u>.                                    </u> | \$ |      | N/           | /Α_       |          |
| 8.  | List a<br>8a.             | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a.              | \$    | 0.00       | 1  | \$ |      | N/           | /Δ        |          |
|     | 8b.                       | Interest and dividends  | 8b.              | \$    | 0.00       | _  | \$ |      | N/           | _         |          |
|     | 8c.                       | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce   |                  | Ψ_    | 0.00       | _  |    |      |              | <u> </u>  |          |
|     |                           | settlement, and property settlement.  | 8c.              | \$    | 0.00       | )  | \$ |      | N/           | Ά         |          |
|     | 8d.                       | Unemployment compensation   | 8d.              | \$    | 0.00       | )  | \$ |      | N/           | Ά         |          |
|     | 8e.                       | Social Security   | 8e.              | \$    | 0.00       | )  | \$ |      | N/           | Ά         |          |
|     | 8f.                       | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:         | 8f.              | \$_   | 0.00       | <u>)</u>                                     | \$ |      | N/           | /A_       |          |
|     | 8g.                       | Pension or retirement income  | 8g.              | \$    | 0.00       | )  | \$ |      | N/           | Ά         |          |
|     | 8h.                       | Other monthly income. Specify: 2nd job (net)  | 8h.+             | + \$_ | 600.00     | <u> </u>                                     | \$ |      | N/           | <u>/A</u> |          |
| 9.  | Add                       | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.               | \$_   | 600.00     | )  | \$ |      |              | N/A       |          |
| 10  | Calci                     | ulate monthly income. Add line 7 + line 9.  | 10. \$           |       | 2,872.34 + | t  |    | N/A  | = \$         | -         | 2,872.34 |
| 10. |                           | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | 10.   ψ          |       | 2,072.34   | <b>–</b>                                     |    | IN/A |              |           | .,012.34 |
| 11. | State<br>Include<br>other | e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your friends or relatives.  ot include any amounts already included in lines 2-10 or amounts that are not                    | depen            |       |            |  |    |      | e J.<br>+\$_ |           | 0.00     |
| 12. |                           | the amount in the last column of line 10 to the amount in line 11. The reset that amount on the Summary of Schedules and Statistical Summary of Certaines   |                  |       |            |  |    | 12.  | \$_          | 2         | 2,872.34 |
|     |                           |   |                  |       |            |  |    | l    | Com          | bine      | d        |
| 40  | _                         |   | ^                |       |            |  |    |      | mont         | thly i    | income   |
| 13. | Do yo                     | ou expect an increase or decrease within the year after you file this form  | ′                |       |            |  |    |      |              |           |          |
|     |                           | No.   |                  |       |            |  |    |      |              |           |          |
|     |                           | Yes. Explain:   |                  |       |            |  |    |      |              |           |          |

|        | in this informa               | ation to identify yo                   | our case.        |   |                          | 1                   |                     |   |  |  |
|--------|-------------------------------|--|------------------|---|--------------------------|---------------------|---------------------|---|--|--|
|        |                               |  |                  | ina   |                          | Chec                | k if this is:       |   |  |  |
| Deb    | Debtor 1 Tammy Jayne Goulding |  |                  |   |                          |                     | An amended filing   |   |  |  |
|        | tor 2                         |  |                  |   |                          |                     | A supplement shov   | ving postpetition chapter                         |  |  |
| (Spo   | ouse, if filing)              |  |                  |   | 13 expenses as of        | the following date: |                     |   |  |  |
| Unit   | ed States Bank                | ruptcy Court for the                   | : EASTE          | MM / DD / YYYY  |                          |                     |                     |   |  |  |
|        | e number                      |  |                  |   |                          |                     |                     |   |  |  |
| (lf kı | nown)                         |  |                  |   |                          |                     |                     |   |  |  |
| Of     | fficial Fo                    | orm 106J                               |                  |   |                          | •                   |                     |   |  |  |
|        |                               | J: Your                                | Evnor            | 1606  |                          |                     |                     | 12/15   |  |  |
|        |                               |  |                  | . If two married people                                 | are filing together, h   | oth are equi        | ally responsible fo |   |  |  |
| info   | rmation. If m                 |  | eded, atta       | ch another sheet to the                                 |                          |                     |                     |   |  |  |
| Par    | t 1: Desc                     | ribe Your House                        | ehold            |   |                          |                     |                     |   |  |  |
| 1.     | Is this a joi                 |  |                  |   |                          |                     |                     |   |  |  |
|        | ■ No. Go to                   | o line 2.                              |                  |   |                          |                     |                     |   |  |  |
|        | ☐ Yes. <b>Doe</b>             | es Debtor 2 live                       | in a separ       | ate household?  |                          |                     |                     |   |  |  |
|        | □ N                           |  | st file Offic    | ial Form 106J-2, <i>Expen</i> s                         | es for Separate House    | ehold of Debt       | or 2.               |   |  |  |
| 2.     | Do vou hav                    | e dependents?                          | □ No             |   |                          |                     |                     |   |  |  |
|        | Do not list D                 | •                                      | Yes.             | Fill out this information for each dependent            | Dependent's relati       |                     | Dependent's age     | Does dependent live with you?                     |  |  |
|        |                               |  |                  |   |                          |                     |                     | □ No  |  |  |
|        | Do not state<br>dependents    |  |                  |   | Son                      |                     | 20                  | ■ Yes   |  |  |
|        |                               |  |                  |   |                          |                     |                     | □ No  |  |  |
|        |                               |  |                  |   | Son                      |                     | 24                  | Yes   |  |  |
|        |                               |  |                  |   |                          |                     |                     | □ No  |  |  |
|        |                               |  |                  |   |                          |                     |                     | Yes   |  |  |
|        |                               |  |                  |   |                          |                     |                     | □ No  |  |  |
| 3.     | Do vour exi                   | penses include                         |                  | Lau   |                          |                     |                     | ☐ Yes   |  |  |
| 0.     | expenses d                    | f people other t                       | han $_{\square}$ | No<br>LVos  |                          |                     |                     |   |  |  |
|        | yourself an                   | d your depende                         | nts?             | Yes   |                          |                     |                     |   |  |  |
| Par    |                               | nate Your Ongoi                        |                  |   |                          |                     |                     |   |  |  |
| exp    |                               | a date after the l                     |                  | uptcy filing date unless<br>y is filed. If this is a su |                          |                     |                     | pter 13 case to report f the form and fill in the |  |  |
| • • •  |                               |  | non ooch         | government assistance                                   | o if you know            |                     |                     |   |  |  |
|        |                               |  |                  | government assistance<br>cluded it on <i>Schedule I</i> |                          |                     | .,                  |   |  |  |
| (Off   | ficial Form 10                | D6I.)                                  |                  |   |                          |                     | Your expe           | enses   |  |  |
| 4.     | The rental of                 | or home owners                         | hip exper        | ses for your residence                                  | . Include first mortgage | e<br>4 m            |                     | 350.00  |  |  |
|        | payments a                    | nd any rent for th                     | e ground o       | or lot.   |                          | 4. \$               |                     | 350.00  |  |  |
|        | If not include                | ded in line 4:                         |                  |   |                          |                     |                     |   |  |  |
|        |                               | estate taxes                           |                  |   |                          | 4a. \$              |                     | 0.00  |  |  |
|        |                               | erty, homeowner's                      |                  |   |                          | 4b. \$              |                     | 0.00  |  |  |
|        |                               | e maintenance, re<br>eowner's associat |                  | upkeep expenses   |                          | 4c. \$<br>4d. \$    |                     | 0.00<br>0.00                                      |  |  |
| 5.     |                               |  |                  | our residence, such as l                                | home equity loans        | 4a. \$<br>5. \$     |                     | 0.00  |  |  |

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| Fill in this infor  | mation to identify your (  | ouse.                  |   |                                    |  |
|---|--|------------------------|---|------------------------------------|--|
| Debtor 1  | Tammy Jayne Go   | ulding                 |   |                                    |  |
|   | First Name   | Middle Name            | Last Name   |                                    |  |
| Debtor 2 Spouse if, filing)   | First Name   | Middle Name            | Last Name   |                                    |  |
|   |  |                        |   |                                    |  |
| Jnited States Ba  | ankruptcy Court for the:   | EASTERN DISTRIC        | TOF MICHIGAN  |                                    |  |
| Case number   |  |                        |   |                                    |  |
| if known)   |  |                        |   |                                    | ☐ Check if this is an amended filing   |
|   |  |                        |   |                                    | amended ming   |
|   |  |                        |   |                                    |  |
| Official Forn   | m 106Dec   |                        |   |                                    |  |
| Declarat  | ion About a  | n Individu             | al Debtor's Sched   | dules                              | 12 <i>l</i> -  |
|   |  |                        |   |                                    |  |
| wo married pe   | eople are filing together  | , both are equally res | sponsible for supplying correct in  | formation.                         |  |
| •   |  |                        |   |                                    |  |
|   |  |                        |   |                                    |  |
|   |  |                        | ules or amended schedules. Makir  |                                    |  |
| btaining money  | y or property by fraud ir  | connection with a b    | ules or amended schedules. Makir<br>pankruptcy case can result in fines                                   |                                    |  |
| btaining money  |  | connection with a b    |   |                                    |  |
| btaining money  | y or property by fraud ir  | connection with a b    |   |                                    |  |
| btaining money<br>ears, or both. 1  | y or property by fraud ir  | connection with a b    |   |                                    |  |
| btaining money<br>ears, or both. 1  | y or property by fraud ir<br>8 U.S.C. §§ 152, 1341, 1  | connection with a b    |   |                                    |  |
| btaining money<br>ears, or both. 1<br>Sigl  | y or property by fraud ir<br>8 U.S.C. §§ 152, 1341, 1<br>n Below   | n connection with a b  |   | s up to \$250,0                    |  |
| btaining money<br>ears, or both. 1<br>Sign<br>Did you pa  | y or property by fraud ir<br>8 U.S.C. §§ 152, 1341, 1<br>n Below   | n connection with a b  | oankruptcy case can result in fines   | s up to \$250,0                    |  |
| btaining money ears, or both. 1  Sign  Did you pa   | y or property by fraud ir<br>8 U.S.C. §§ 152, 1341, 1<br>n Below<br>ny or agree to pay some  | n connection with a b  | oankruptcy case can result in fines   | s up to \$250,0                    | 000, or imprisonment for up to 20  |
| btaining money ears, or both. 1  Sign  Did you pa   | y or property by fraud ir<br>8 U.S.C. §§ 152, 1341, 1<br>n Below   | n connection with a b  | oankruptcy case can result in fines   | ptcy forms?                        | 000, or imprisonment for up to 20  |
| btaining money ears, or both. 1  Sign  Did you pa   | y or property by fraud ir<br>8 U.S.C. §§ 152, 1341, 1<br>n Below<br>ny or agree to pay some  | n connection with a b  | oankruptcy case can result in fines   | ptcy forms?                        | 000, or imprisonment for up to 20  |
| btaining money ears, or both. 1  Sign  Did you pa  No  Yes. N   | y or property by fraud in 8 U.S.C. §§ 152, 1341, 1 n Below  by or agree to pay some of person  | n connection with a b  | pankruptcy case can result in fines   | ptcy forms?  Attach Bai Declaratio | on, or imprisonment for up to 20<br>onkruptcy Petition Preparer's Notice<br>on, and Signature (Official Form 119 |
| btaining moneyears, or both. 1  Sign  Did you pa  No  Yes. N  | y or property by fraud in 8 U.S.C. §§ 152, 1341, 1 n Below  by or agree to pay some of person  | n connection with a b  | oankruptcy case can result in fines   | ptcy forms?  Attach Bai Declaratio | on, or imprisonment for up to 20<br>onkruptcy Petition Preparer's Notice<br>on, and Signature (Official Form 119 |
| btaining moneyears, or both. 1  Sign  Did you pa  No Yes. N  Under pena that they are                 | y or property by fraud in 8 U.S.C. §§ 152, 1341, 1 n Below  Name of person  lity of perjury, I declare to true and correct.  | that I have read the s | sankruptcy case can result in fines ttorney to help you fill out bankrup                                  | ptcy forms?  Attach Bai Declaratio | on, or imprisonment for up to 20<br>onkruptcy Petition Preparer's Notice<br>on, and Signature (Official Form 119 |
| btaining moneyears, or both. 1  Sign  Did you pa  No Yes. N  Under penathat they are X /s/ Tan        | y or property by fraud in 8 U.S.C. §§ 152, 1341, 1 n Below  Name of person  Ilty of perjury, I declare the true and correct.  In my Jayne Goulding                 | that I have read the s | sankruptcy case can result in fines ttorney to help you fill out bankrup summary and schedules filed with | ptcy forms?  Attach Bai Declaratio | on, or imprisonment for up to 20<br>onkruptcy Petition Preparer's Notice<br>on, and Signature (Official Form 119 |
| btaining moneyears, or both. 1  Sign  Did you pa  No Yes. N  Under penathat they are  X /s/ Tam Tammy | y or property by fraud in 8 U.S.C. §§ 152, 1341, 1 n Below  Name of person  lity of perjury, I declare to true and correct.  | that I have read the s | sankruptcy case can result in fines ttorney to help you fill out bankrup                                  | ptcy forms?  Attach Bai Declaratio | on, or imprisonment for up to 20<br>onkruptcy Petition Preparer's Notice<br>on, and Signature (Official Form 119 |
| Did you pa  No Yes. N  Under pena that they are X  Is/S/ Tammy Signatu                                | y or property by fraud in 8 U.S.C. §§ 152, 1341, 1 n Below  Name of person  Alty of perjury, I declare the true and correct.  In my Jayne Goulding the of Debtor 1 | that I have read the s | sankruptcy case can result in fines ttorney to help you fill out bankrup summary and schedules filed with | ptcy forms?  Attach Bai Declaratio | on, or imprisonment for up to 20<br>onkruptcy Petition Preparer's Notice<br>on, and Signature (Official Form 119 |
| Did you pa  No Yes. N  Under pena that they are X  Is/S/Tam Signatu                                   | y or property by fraud in 8 U.S.C. §§ 152, 1341, 1 n Below  Name of person  Ity of perjury, I declare the true and correct.  In my Jayne Goulding y Jayne Goulding | that I have read the s | summary and schedules filed with  X  Signature of Debtor  | ptcy forms?  Attach Bai Declaratio | on, or imprisonment for up to 20<br>onkruptcy Petition Preparer's Notice<br>on, and Signature (Official Form 119 |
| Did you pa  No Yes. N  Under pena that they are X  Is/S/Tam Signatu                                   | y or property by fraud in 8 U.S.C. §§ 152, 1341, 1 n Below  Name of person  Alty of perjury, I declare the true and correct.  In my Jayne Goulding the of Debtor 1 | that I have read the s | summary and schedules filed with  X  Signature of Debtor  | ptcy forms?  Attach Bai Declaratio | on, or imprisonment for up to 20<br>onkruptcy Petition Preparer's Notice<br>on, and Signature (Official Form 119 |

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules** 

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Best Case Bankruptcy

| Fill           | in this inform          | nation to identify you                     | r caso:   |   |  |   |
|----------------|-------------------------|--|---|---|--|---|
|                |                         |  |   |   |  |   |
| Deb            | otor 1                  | Tammy Jayne G<br>First Name                | Middle Name   | Last Name   |  |   |
|                | otor 2                  | First Name                                 | Middle Name   | Loot Nama   |  |   |
| .              | use if, filing)         |  |   | Last Name   |  |   |
| Unit           | ed States Bar           | nkruptcy Court for the:                    | EASTERN DISTRICT OF   | MICHIGAN  |  |   |
| Cas<br>(if kno | e number                |  |   |   | _  | Check if this is an amended filing                    |
|                | ficial For              |  | Affairs for Indivic   | duals Filing for B                                    | ankruptcy                                  | 4/10  |
| Be a           | s complete a            | nd accurate as poss                        | ble. If two married people a attach a separate sheet to   | re filing together, both are                          | equally responsible for su                 |   |
| Part           | Give D                  | etails About Your Ma                       | arital Status and Where You   | Lived Before  |  |   |
| 1.             | What is your            | current marital statu                      | ıs?   |   |  |   |
|                | ☐ Married               |  |   |   |  |   |
|                | ■ Not mar               | ried                                       |   |   |  |   |
| 2.             | During the la           | ast 3 years, have you                      | lived anywhere other than   | where you live now?                                   |  |   |
|                | □ No                    |  |   |   |  |   |
|                | _                       | t all of the places you I                  | ived in the last 3 years. Do no   | ot include where you live now                         | I.   |   |
|                | Debtor 1 Pri            | ior Address:                               | Dates Debtor 1 lived there  | Debtor 2 Prior Ad                                     | ldress:                                    | Dates Debtor 2<br>lived there                         |
|                | 3142 Weis<br>Saginaw, I |  | From-To:<br><b>2014-2019</b>  | ☐ Same as Debtor                                      | 1  | ☐ Same as Debtor 1 From-To:                           |
|                | ■ No<br>□ Yes. Ma       | es include Arizona, Ca                     | ver live with a spouse or leg<br>lifornia, Idaho, Louisiana, New<br>medule H: Your Codebtors (Of<br>Ir Income | vada, New Mexico, Puerto R                            |  |   |
|                | Fill in the tota        | I amount of income yo                      | nployment or from operatin<br>u received from all jobs and a<br>have income that you receive                  | all businesses, including part                        | -time activities.                          | endar years?  |
|                | □ No                    |  |   |   |  |   |
|                | Yes. Fill               | in the details.                            |   |   |  |   |
|                |                         |  | Debtor 1  |   | Debtor 2                                   |   |
|                |                         |  | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply. | Gross income<br>(before deductions<br>and exclusions) |
|                |                         | of current year until<br>d for bankruptcy: | ■ Wages, commissions, bonuses, tips   | \$8,370.10  | ☐ Wages, commissions, bonuses, tips        |   |
|                |                         |  | ☐ Operating a business  |   | ☐ Operating a business                     |   |

Statement of Financial Affairs for Individuals Filing for Bankruptcy Official Form 107

| De | Debtor 1 Tamm |                       | ammy Jayne Goulding                                       |  |   | Cas   | Case number (if known)   |   |   |  |  |  |  |
|----|---------------|-----------------------|---|--|---|---|--|---|---|--|--|--|--|
|    |               |                       |   |  |   |   |  |   |   |  |  |  |  |
|    |               |                       |   |  | Debtor 1  |   | Debtor 2   |   |   |  |  |  |  |
|    |               |                       |   |  | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions and<br>exclusions)   | Sources of inc<br>Check all that a   |   | Gross income<br>(before deductions<br>and exclusions)           |  |  |  |  |
|    |               |                       | dar year:<br>December                                     | 31, 2018 )   | ■ Wages, commissions, bonuses, tips   | \$51,755.02   | ☐ Wages, com bonuses, tips   | missions,                                 |   |  |  |  |  |
|    |               |                       |   |  | ☐ Operating a business  |   | ☐ Operating a  | business                                  |   |  |  |  |  |
|    |               |                       | lar year be<br>December                                   |  | ■ Wages, commissions, bonuses, tips   | \$53,240.00   | ☐ Wages, com bonuses, tips   | missions,                                 |   |  |  |  |  |
|    |               |                       |   |  | ☐ Operating a business  |   | ☐ Operating a  | business                                  |   |  |  |  |  |
|    | winnir        | ngs. İ<br>ach s<br>No | f you are fil   | ing a joint cas  | pensions; rental income; inter<br>e and you have income that y<br>me from each source separat   | ou received together, list it o   | only once under De   | ebtor 1.                                  | d gambling and lottery  |  |  |  |  |
|    |               |                       |   |  | Debtor 1  |   | Debtor 2   |   |   |  |  |  |  |
|    |               |                       |   |  | Sources of income Describe below.   | Gross income from<br>each source<br>(before deductions and<br>exclusions)   | Sources of inc<br>Describe below.  |   | Gross income<br>(before deductions<br>and exclusions)           |  |  |  |  |
| Pa | rt 3:         | List                  | Certain Pa  | yments You   | Made Before You Filed for I   | Bankruptcy  |  |   |   |  |  |  |  |
| 6. | _ 1           | No.                   | Neither Deindividual   During the   No.   Yes   * Subject | 90 days before Go to line 7 List below expaid that crunot include to adjustment or Debtor 2 or 90 days before Go to line 7 List below expaid that crunot include to adjustment or Debtor 2 or 90 days before Go to line 7 List below expanding the pay | each creditor to whom you pai<br>editor. Do not include paymen<br>payments to an attorney for th<br>t on 4/01/19 and every 3 years<br>r both have primarily consu<br>are you filed for bankruptcy, di | Imer debts. Consumer debted purpose."  If you pay any creditor a total d a total of \$6,425* or more in the for domestic support obligates bankruptcy case. In a fater that for cases filed on the formulation is depth.  Imer debts.  If you pay any creditor a total d a total of \$600 or more and d a total of \$ | I of \$6,425* or more pay ations, such as che or after the date or I of \$600 or more? | re? rments and the support a fadjustment. | ne total amount you<br>nd alimony. Also, do<br>creditor. Do not |  |  |  |  |
|    | Crod          | litor'                | s Name an   | d Address  | Dates of payme  | nt Total amount   | Amount you   | Was this n                                | payment for   |  |  |  |  |
|    | OI EU         |                       | J Hairie all  | 4 AUUI 633   | Dates of payme  | paid  | still owe  | mas uns p                                 | aymont for  |  |  |  |  |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Case number (if known)

Official Form 107

Debtor 1

Statement of Financial Affairs for Individuals Filing for Bankruptcy

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

■ No

Yes. Fill in the details.

Creditor Name and Address

Describe the action the creditor took

Date action was taken

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| Deb | btor 1 Tammy Jayne Goulding  | g                    | Case number  | (if known)               |                           |
|-----|--|----------------------|--|--------------------------|---------------------------|
|     |  |                      |  |                          |                           |
| 12. | Within 1 year before you filed for court-appointed receiver, a custo                 |                      | as any of your property in the possession of an<br>er official?  | assignee for the bene    | fit of creditors, a       |
|     | No   |                      |  |                          |                           |
|     | ☐ Yes  |                      |  |                          |                           |
| Par | rt 5: List Certain Gifts and Cont  | ributions            |  |                          |                           |
| 13. | Within 2 years before you filed fo   | or bankruptcy, d     | lid you give any gifts with a total value of more  | than \$600 per person    | ?                         |
|     | No   |                      |  |                          |                           |
|     | ☐ Yes. Fill in the details for each  | n gift.              |  |                          |                           |
|     | Gifts with a total value of more to per person                                       | than \$600           | Describe the gifts   | Dates you gave the gifts | Value                     |
|     | Person to Whom You Gave the Address:   | Gift and             |  |                          |                           |
| 14. | Within 2 years before you filed fo   | or bankruptcy, d     | lid you give any gifts or contributions with a tot   | al value of more than    | \$600 to any charity?     |
|     | ■ No   |                      |  |                          |                           |
|     | ☐ Yes. Fill in the details for each  | n gift or contributi | on.  |                          |                           |
|     | Gifts or contributions to charitie<br>more than \$600<br>Charity's Name              | es that total        | Describe what you contributed  | Dates you contributed    | Value                     |
|     | Address (Number, Street, City, State an  | d ZIP Code)          |  |                          |                           |
| Par | rt 6: List Certain Losses  |                      |  |                          |                           |
| 15. | Within 1 year before you filed for or gambling?                                      | bankruptcy or        | since you filed for bankruptcy, did you lose any   | thing because of thef    | t, fire, other disaster,  |
|     | ☐ Yes. Fill in the details.  |                      |  |                          |                           |
|     | Describe the property you lost a how the loss occurred                               | Include              | be any insurance coverage for the loss the amount that insurance has paid. List pending ace claims on line 33 of Schedule A/B: Property. | Date of your loss        | Value of property<br>lost |
| Par | rt 7: List Certain Payments or T   | ransfers             |  |                          |                           |
| 16. | consulted about seeking bankru   | ptcy or preparin     | d you or anyone else acting on your behalf paying a bankruptcy petition? s, or credit counseling agencies for services require           |                          | rty to anyone you         |
|     | Yes. Fill in the details.  |                      |  |                          |                           |
|     | Person Who Was Paid  |                      | Description and value of any property  | Date payment             | Amount of                 |
|     | Address  |                      | Description and value of any property transferred  | or transfer was          | payment                   |
|     | Email or website address<br>Person Who Made the Payment                              | , if Not You         |  | made                     | , ,                       |
|     | Reinert & Reinert<br>3434 Davenport Avenue<br>Saginaw, MI 48602<br>ecf@mcreinert.com |                      | \$770.00 (including filing fee)  | 3/12/19                  | \$770.00                  |
|     | Access Counseling, Inc.  |                      | \$15.00  | 3/11/19                  | \$15.00                   |
|     | www.AccessBk.org   |                      |  |                          |                           |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| 17. | Within 1 year before you filed for bankruptcy, promised to help you deal with your creditors. Do not include any payment or transfer that you lied.   | or to make payments  |                                   |                  | y or transfer any prope  | rty to anyone who                             |
|-----|---|--|-----------------------------------|------------------|--|---|
|     | ☐ Yes. Fill in the details.   |  |                                   |                  |  |   |
|     | Person Who Was Paid<br>Address  | Description and v transferred  | alue of any pro                   | operty           | Date payment<br>or transfer was<br>made                            | Amount of payment                             |
| 18. | Within 2 years before you filed for bankruptcy, transferred in the ordinary course of your bus Include both outright transfers and transfers made include gifts and transfers that you have already in the No | iness or financial affa<br>e as security (such as t                      | i <b>irs?</b><br>he granting of a |                  |  |   |
|     | Yes. Fill in the details.   |  |                                   |                  |  |   |
|     | Person Who Received Transfer<br>Address   | Description and v property transferr                                     |                                   | payme            | pe any property or<br>nts received or debts<br>exchange            | Date transfer was made                        |
|     | Person's relationship to you  |  |                                   |                  |  |   |
|     | None  | 2005 Ford Trucl  | •                                 | accide<br>paid o | e totaled in<br>ent and insurance<br>ff Family First<br>Union lien | February 2018                                 |
| 19. | Within 10 years before you filed for bankruptce beneficiary? (These are often called asset-protein No  Yes. Fill in the details.  |  | y property to a                   | ı self-settled   | trust or similar device  | of which you are a                            |
|     | Name of trust   | Description and v  | alue of the pro                   | perty transf     | erred  | Date Transfer was made                        |
| Par | t 8: List of Certain Financial Accounts, Instru   | uments, Safe Deposit   | Boxes, and S                      | torage Units     |  |   |
| 20. | Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or chouses, pension funds, cooperatives, associated No                                   | other financial accour   | nts; certificates                 | s of deposit;    |  |   |
|     | Yes. Fill in the details.   |  |                                   |                  |  |   |
|     |   | ast 4 digits of account number   | Type of acco instrument           |                  | Date account was closed, sold, moved, or transferred               | Last balance<br>before closing or<br>transfer |
| 21. | Do you now have, or did you have within 1 year cash, or other valuables?  | ar before you filed for  | bankruptcy, a                     | ny safe depe     | osit box or other depos  | itory for securities,                         |
|     | ■ No □ Yes. Fill in the details.  |  |                                   |                  |  |   |
|     |   |  |                                   |                  |  | 5 (111  |
|     | Name of Financial Institution Address (Number, Street, City, State and ZIP Code)  | Who else had acc<br>Address (Number, S<br>State and ZIP Code)            |                                   | Describe to      | ne contents  | Do you still have it?                         |
| 22. | Have you stored property in a storage unit or p   | place other than your  | home within 1                     | year before      | you filed for bankrupto  | cy?   |
|     | ■ No  |  |                                   |                  |  |   |
|     | Yes. Fill in the details.   |  |                                   |                  |  |   |
|     | Name of Storage Facility<br>Address (Number, Street, City, State and ZIP Code)  | Who else has or h<br>to it?<br>Address (Number, S<br>State and ZIP Code) |                                   | Describe to      | ne contents  | Do you still have it?                         |
|     |   |  |                                   |                  |  |   |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| Pa  | rt 9: Identify Property You Hold or Control for   | Someone Else  |  |                       |
|-----|---|---|--|-----------------------|
| 23. | Do you hold or control any property that some for someone.  | one else owns? Include any prope  | rty you borrowed from, are storing fo  | r, or hold in trust   |
|     | No  |   |  |                       |
|     | Yes. Fill in the details.   |   |  |                       |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)  | Where is the property?<br>(Number, Street, City, State and ZIP<br>Code)   | Describe the property                  | Value                 |
| Pa  | rt 10: Give Details About Environmental Inform  | ation   |  |                       |
| For | the purpose of Part 10, the following definitions   | apply:  |  |                       |
|     | Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these su | air, land, soil, surface water, groun                                     | - ·                                    |                       |
|     | Site means any location, facility, or property as to own, operate, or utilize it, including disposal  | •   | law, whether you now own, operate,     | or utilize it or used |
|     | Hazardous material means anything an enviror hazardous material, pollutant, contaminant, or   |   | s waste, hazardous substance, toxic    | substance,            |
| Rep | port all notices, releases, and proceedings that y  | ou know about, regardless of whe  | n they occurred.                       |                       |
| 24. | Has any governmental unit notified you that yo  | u may be liable or potentially liabl                                      | e under or in violation of an environm | ental law?            |
|     | ■ No<br>□ Yes. Fill in the details.   |   |  |                       |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)  | Governmental unit<br>Address (Number, Street, City, State an<br>ZIP Code) | Environmental law, if you know it      | Date of notice        |
| 25. | Have you notified any governmental unit of any  | release of hazardous material?  |  |                       |
|     | ■ No □ Yes. Fill in the details.  |   |  |                       |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)  | Governmental unit Address (Number, Street, City, State at ZIP Code)       | Environmental law, if you know it      | Date of notice        |
| 26. | Have you been a party in any judicial or admini   | strative proceeding under any env   | vironmental law? Include settlements   | and orders.           |
|     | ■ No  |   |  |                       |
|     | Yes. Fill in the details.   |   |  |                       |
|     | Case Title Case Number  | Court or agency Name Address (Number, Street, City, State and ZIP Code)   | Nature of the case                     | Status of the case    |
| Pa  | rt 11: Give Details About Your Business or Cor  | nnections to Any Business   |  |                       |
| 27. | Within 4 years before you filed for bankruptcy,   | did you own a business or have a  | ny of the following connections to an  | y business?           |
|     | ☐ A sole proprietor or self-employed in a   | trade, profession, or other activity                                      | , either full-time or part-time        |                       |
|     | ☐ A member of a limited liability company   | (LLC) or limited liability partners                                       | hip (LLP)                              |                       |
|     | ☐ A partner in a partnership  |   |  |                       |
|     | ☐ An officer, director, or managing execu   | tive of a corporation   |  |                       |
|     | ☐ An owner of at least 5% of the voting of  | •   | 1                                      |                       |
|     |   |   |  |                       |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| Der        | nor rammy Jayne Goulding                                      | Ca  | Se number (if known)  |
|------------|---|---|---|
|            |   |   |   |
|            | ■ No. None of the above applies. Go to F                      | Part 12.  |   |
|            | ☐ Yes. Check all that apply above and fill                    | in the details below for each business.         |   |
|            | Business Name<br>Address                                      | Describe the nature of the business             | Employer Identification number Do not include Social Security number or ITIN.                                     |
|            | (Number, Street, City, State and ZIP Code)                    | Name of accountant or bookkeeper                | Dates business existed  |
| 28.        | institutions, creditors, or other parties.                    | cy, did you give a financial statement to a     | nyone about your business? Include all financial  |
|            | <ul><li>No</li><li>Yes. Fill in the details below.</li></ul>  |   |   |
|            | Name<br>Address<br>(Number, Street, City, State and ZIP Code) | Date Issued                                     |   |
| Par        | t 12: Sign Below  |   |   |
| are t      |   | false statement, concealing property, or o      | declare under penalty of perjury that the answers btaining money or property by fraud in connection ars, or both. |
| /s/        | Tammy Jayne Goulding  |   |   |
|            | nmy Jayne Goulding<br>nature of Debtor 1                      | Signature of Debtor 2                           |   |
| Dat        | March 26, 2019  | Date  |   |
| Did        | you attach additional pages to Your Stateme                   | ent of Financial Affairs for Individuals Filin  | g for Bankruptcy (Official Form 107)?   |
| ■ N        |   |   |   |
| Did<br>■ N | you pay or agree to pay someone who is not                    | an attorney to help you fill out bankrupto      | y forms?  |
| ПΥ         | es. Name of Person Attach the Bankru                          | ptcy Petition Preparer's Notice, Declaration, a | and Signature (Official Form 119).  |

# United States Bankruptcy Court Eastern District of Michigan

| In re   | Tammy Jayne Goulding  |   | Case No.   |
|---------|---|---|--|
|         |   | Debtor(s)   | Chapter 7  |
|         |   | NT OF ATTORNEY FOR DEBTOR(S<br>UANT TO F.R.BANKR.P. 2016(b)   |  |
|         | The undersigned, pursuant to F.R.Bankr.P. 2016(b  | o), states that:  |  |
| 1.      | The undersigned is the attorney for the Debtor(s) is  | n this case.  |  |
| 2.      | The compensation paid or agreed to be paid by the   | e Debtor(s) to the undersigned is: [Check   | one]   |
|         |   | ation of and in connection with this case,  |  |
|         | B. Prior to filing this statement, received.  |   | 435.00   |
|         | C. The unpaid balance due and payable is  |   | 770.00   |
|         | [ ] <u>RETAINER</u>   |   |  |
|         | A. Amount of retainer received  |   | . <u> </u>   |
|         |   | etainer at an hourly rate of \$ [Or at nd expenses exceeding the amount of the  | tach firm hourly rate schedule.] Debtor(s) have retainer.  |
| 3.      | \$_335.00 of the filing fee has been paid.  |   |  |
| 4.      | In return for the above-disclosed fee, I have agreed that do not apply.]  | d to render legal service for all aspects of  | the bankruptcy case, including: [Cross out any   |
|         | <ul><li>bankruptcy;</li><li>B. Preparation and filing of any petition, so</li><li>C. Representation of the debtor at the meet</li></ul> | on, and rendering advice to the debtor in or<br>chedules, statement of affairs and plan whing of creditors and confirmation hearing<br>typroceedings and other contested bankry | ich may be required;<br>, and any adjourned hearings thereof;                                      |
|         | F. Redemptions; G. Other:   |   |  |
| 5.      | billed at the standard hourly rates   | matic stay; nal services and costs; ribed in paragraph 5. (A), (B), (C) a<br>of the firm at the time the services   | ppearing immediately above will be   |
| 6.      |   | om: vages, compensation for services performed ding the identity of payor)  | ed   |
| 7.      | The undersigned has not shared or agreed to share corporation, any compensation paid or to be paid or                                   |   | nembers of the undersigned's law firm or   |
| Dated:  | March 26, 2019  | /s/ Joshu   | a M. Reinert   |
|         |   | Joshua M<br>Reinert &<br>3434 Dav<br>Saginaw  | or the Debtor(s)  M. Reinert P66185  A Reinert renport Avenue  , MI 48602  -8860 ecf@mcreinert.com |
| Agreed: |   |   |  |
|         | Tammy Jayne Goulding  |   |  |
|         | Debtor  | Debtor  |  |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7:    | Liquidation        |
|---------------|--------------------|
| \$245         | filing fee         |
| \$75          | administrative fee |
| <u>+</u> \$15 | trustee surcharge  |
| \$335         | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file Chapter 7 Statement of Your Current Monthly Income (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the Chapter 7 Means Test Calculation (Official Form 122A-2).

If your income is above the median for your state, you must file a second form —the Chapter 7 Means Test Calculation (Official Form 122A-2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called exempt property. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on Schedule C: The Property You Claim as Exempt (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

#### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

#### Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy\_form s.html#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on Voluntary Petition for Individuals Filing for Bankruptcy (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together-called a joint case. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

#### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days before you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

# United States Bankruptcy Court Eastern District of Michigan

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|-------|----------------------|---|-------------------|----------------------|
| . 1.  |                      | RIFICATION OF CREDITOR M  |                   |                      |
|       |                      | Debtor(s)   | Chapter           | 7                    |
| re    | Tammy Jayne Goulding |   | _ Case No.        |                      |

Signature of Debtor

70th District Court Case No. 18-2813-GC-3 111 S. Michigan Avenue Saginaw, MI 48602

70th District Court Case No. 18-0540-GC-3 111 S. Michigan Avenue Saginaw, MI 48602

70th District Court Case No. 19-0313-SC 111 S. Michigan Avenue Saginaw, MI 48602

70th District Court Case No. 19-0086-SC 111 S. Michigan Avenue Saginaw, MI 48602

74th District Court Case No. 17-4191-SC-1 1230 Washington Avenue Bay City, MI 48708

Account Services 1802 NE Loop 410 Suite 400 San Antonio, TX 78217

Advance America 310 W. Genesee Avenue Saginaw, MI 48602

Advance America 2822 Tittabawasee Saginaw, MI 48604

Advanced Diagnostic Imaging, P.C. 3400 N Center Road Saginaw, MI 48603

Capital One Bank USA NA P.O. Box 30281 Salt Lake City, UT 84130

CBC Credit Services P.O. Box 3244 Saginaw, MI 48605

CBC Credit Services, Inc. 804 South Hamilton, Suite 107 Saginaw, MI 48602

CBM Services 300 Rodd Street, Suite 202 Midland, MI 48640

Consumers Energy 3201 East Court Street Flint, MI 48501

Copoco Community Credit Union 4265 East Wilder P.O. Box 1520 Bay City, MI 48706

Courtney Anne Styles 4896 Center Street Millington, MI 48746

Covenant 1447 N. Harrison Saginaw, MI 48602

Credit Management LP 4200 International Pkwy Carrollton, TX 75007

Enhanced Recovery Corporation P.O. Box 57547 Jacksonville, FL 32241

FFCC Cleveland 24700 Chagrin Blvd Beachwood, OH 44122

Financial Plus Credit Union P.O. Box 7006 Flint, MI 48507-7006

Fingerhut Direct Marketing 6250 Ridgewood Road Saint Cloud, MN 56303-0820

GM Financial P.O. Box 181145 Arlington, TX 76096-1145

James N. Meinecke P.O. Box 5767 Saginaw, MI 48603

Jefferson Capital System 16 McLeland Road Saint Cloud, MN 56303

Mercantile Adjustment Bureau, LLC P.O. Box 9054 Williamsville, NY 14231-9054

Michigan Assigned Claims Plan P.O. Box 532318 Livonia, MI 48153

Michigan Secretary of State Office Lansing, MI 48918

MNC Group LLC P.O. Box 5457 Saginaw, MI 48603

Money Recovery Nationwide 8155 Executive Court, Suite 10 Lansing, MI 48917

Portfolio Recovery Assoc Riverside Commerce Center 120 Corporate Blvd Ste 100 Norfolk, VA 23502

Progressive Insurance 6300 Wilson Mills Road Cleveland, OH 44143

Redmond Auto Collision 105 Bacon Road Saginaw, MI 48609

Rev-1 Solutions, LLC 517 US Highway 31N Greenwood, IN 46142

Sasha M. Bosley 2011 Mershon Saginaw, MI 48602

Sprint P.O. Box 4191 Carol Stream, IL 60197

St. Mary's 800 S. Washington Saginaw, MI 48601

Suseela Yalamanthy P.O. Box 5457 Saginaw, MI 48603

SYNCB/Walmart P.O. Box 965036 Orlando, FL 32896-5036

SYNCB/Walmart DC P.O. Box 965024 Orlando, FL 32896

Synchrony Bank P.O. Box 105972 Atlanta, GA 30348

Third Party Withholding Unit Financial Services Bureau Michigan Department of Treasury Box 30785 Lansing, MI 48909

TNT Financial P.O. Box 5767 Saginaw, MI 48603

Verizon Wireless 500 Technology Dr. Ste 550 Saint Charles, MO 63304

Webbank/Fingerhut 6250 Ridgewood Road Saint Cloud, MN 56303

Wenzloff & Wenzloff, P.L.C. 903 N. Jackson Street Bay City, MI 48708-5953